

EXHIBIT 1



INTERNATIONAL INSTITUTE FOR THE BRAIN, LTD
www.ibrainnyc.org · 646-315-1548

Recommended Individualized Education Plan (IEP) 2020 – 2021 School Year

Student Name: S■■■■ J■■■■ Donohue

NYC OSIS ID#: ■■■■■

Age: 15 years 8 months

Date of Birth: ■■■■■ 2005

Date of Report: February 19, 2021

Introduction

S■■■■ J■■■■ is a very social and engaging 15-year-old girl who has a diagnosis of traumatic brain injury caused by abusive head trauma / Shaken Baby Syndrome. Within 5-10 days of birth, her parents noticed that she had become lethargic and was no longer interested in feeding. S■■■■ J■■■■ had suffered from trauma and abuse at the hands of her baby nurse and was diagnosed with traumatic brain injury by her neurologist. S■■■■ J■■■■ is diagnosed as a child with spastic quadriplegic cerebral palsy (GMFM level 5) with Lennox – Gastaut Syndrome. She has the diagnosis of Cortical Visual Impairment and is legally blind. On 2017 November she underwent surgery for her G-tube. In January 2018 she underwent a surgery for hamstring release. As she grew, she developed a significant neuromuscular scoliosis of around 110 degrees. She was operated by Dr. Roye in September 2019 for the developing neuromuscular scoliosis, (PSIF T2-pelvis with b/l myocutaneous flap closure) in Columbia Hospital. She was in post-surgical acute care rehabilitation for 4 weeks after the surgery. Before the surgery, S■■■■ J■■■■ used a Thoraco lumbosacral brace (a brace specifically used accommodate scoliosis to prevent it from getting worse). Post-surgery, she no longer needed the Brace. S■■■■ J■■■■ is periodically given Botox injections in her upper and lower extremities for pain relief, to maintain the length of the muscle and also maintain joint functional range of motion. S■■■■ J■■■■ attends a 6:1:1 class with a 1:1 paraprofessional and a 1:1 nurse at International Institute of the Brain (iBrain). Although S■■■■ J■■■■ presents as non-verbal and non-ambulatory, she is able to communicate using facial expressions, limited vocalizations, arm movements, head turning, eye gaze, smiling, laughing, and crying. In order to affirm or express pleasure she uses her “best yes” (clapping, smiling, and/or vocalizing); to reject or express displeasure she may shake her head, put her head down, or cry.

Present Level of Performance: Participation in School Environment

Present Level of Performance: Education

S■■■■ J■■■ attends a 6:1:1 class with a 1:1 paraprofessional and a 1:1 nurse at International Institute of the Brain (iBrain). During academic sessions, S■■■■ J■■■ is given two or more choices to respond to using the partner assisted scanning technique. Options are presented with time between them for her to process the choice, and then repeated. On the repetition of the choices, she will press her switch to indicate her choice when it comes up. In order to make sure that this choice is the intended one, it is confirmed by asking, “You chose X. Is that the choice you wanted to make?” and giving the options of yes and no. This helps to ensure that S■■■■ J■■■’s answers are accurately recorded to assess her understanding.

S■■■■ J■■■ has made progress in both literacy and math IEP goals. During academics, she requires a modified environment to reduce sensory distractions in her environment. Using observations and data collection, S■■■■ J■■■’s teacher conducts informal and nonstandard assessments. Each academic goal is measured out of five trials. The number of times S■■■■ J■■■ has completed the goal during each quarter of the school year are then added up together and averaged to get the percentage of accuracy.

When working in the area of literacy, S■■■■ J■■■ uses her single panel switch and highly familiar adapted picture symbols and multisensory supports to participate. S■■■■ J■■■ is able to make choices using her single panel head switch and auditory scanning. S■■■■ J■■■ has been able to actively participate in read alouds by attending to the story read to her and helping to turn the page when needed. S■■■■ J■■■ is currently able to accurately identify the main idea of a fiction or nonfiction text with moderate assistance in about 3/5 trials using partner assisted scanning to identify her choice. S■■■■ J■■■ continues to explore and gain information from a range of literacy materials in the classroom, including books, websites and age appropriate magazines. She is able to skim through a magazine using her single panel head switch (wobble switch) to identify when to turn pages. She is working on answering “wh” questions in a field of two (primarily “who” and “what”) that review the main topic of the story (i.e. “Who was the main character, a pig or a princess?”) . When instruction is completed in a 1:1 setting with limited distractions and utilizing multisensory supports, S■■■■ J■■■ is on target to meet this goal at the 80% level by the end of the school year.

In S■■■■ J■■■’s IEP goal to increase her social skills through engagement and responding to questions with peers and familiar adults, S■■■■ J■■■ has been able to participate in such through a small range of class and schoolwide activities, although more time is needed to continue this goal as these activities have been limited by Covid precautions.

In the area of math, S■■■■ J■■■ has been working to identify quantities as some and none. She has been an active participant in this activity and is increasing her exploration of these materials. Her corresponding understanding of the related vocabulary is still at emerging stages, as she requires maximal support and verbal and tactile prompting at this time to make an accurate selection. Going forward, S■■■■ J■■■’s math goals will be focused more on developing money math skills and awareness.

Next year, the focus for academics will continue to build her core skills that support a range of skills. S■■■■ J■■■ will focus on being able to retell by answering “wh” questions, increasing her understanding of money concepts, and on increasing her social skills and involvement with peers and familiar adults.

It should be noted that during academics, S■■■■ J■■■ requires high levels of positive reinforcement and motivators (especially music) as well as occasional breaks to rest and remain regulated. She requires verbal and physical prompts to keep her head up and keep her hands and bib away from her mouth. Concepts must be consistently repeated and frequently revisited in order for her to retain skills and knowledge and attain mastery. She requires a small class of no more than 6 students as she becomes overstimulated and struggles to participate due to challenges coordinating visual and auditory information. A small structured class of similar peers in an adapted environment allows S■■■■ J■■■ meaningful access to a peer group and the ability to benefit from the academic and therapeutic environment.

Present Level of Performance: Speech and Language /Communication

The Dynamic AAC Goals Grid (DAAG-2) is a systematic means of measuring progress of a child's ability to use AAC devices and provide guidance on goal development when starting and progressing the use of AAC with individuals with complex communication needs. The Communication Function Classification System (CFCS) focuses on activity and participation levels as described in the World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF). The Pediatric Evaluation of Disability Inventory (PEDI) documents functional or changes in functional abilities and functional skill acquisition. The PEDI was used informally due to the standardization of age ranges between 6 months to 7 years 5 months of age. S■■■■ J■■■'s caregivers and paraprofessional were an integral part of the assessment team in providing feedback on possible recommendations, interpreting comments, and deciding if what was observed was "typical" for S■■■■ J■■■. Findings from assessments are summarized below.

Assessment/Evals Utilized	Score/Result
Dynamic AAC Goals Grid (DAAG-2)	Emergent/Emergent Transitional
Communication Function Classification System (CFCS)	Level 4: Inconsistent sender and/or receiver with familiar partners
Pediatric Evaluation of Disability Inventory (PEDI)	17/65

Currently, S■■■■ J■■■ receives speech and language services five times a week for sixty minutes on an individual basis. S■■■■ J■■■ is non-verbal and non-ambulatory. Her primary modes of communication include facial expressions, body movements and utilizing a single button switch via activation with the left side of her head. S■■■■ J■■■ is able to make her likes and dislikes known through facial expression, body movements, and switch activation. When S■■■■ J■■■ is disengaged, she will likely begin to cry. Additionally, S■■■■ J■■■ sometimes benefits from a short rest in order to self-regulate and re-engage in order to resume presented activities. When engaged, S■■■■ J■■■ will smile, clap her hands, and vocalize. When highly motivated and engaged in preferred activities, such as listening to music, S■■■■ J■■■ demonstrates increased vocalizations.

In order to participate in speech therapy, S■■■■ J■■■ requires time to transition into the session, including positioning for new activities and adjustments or programming needed for devices. A typical session commences with S■■■■ J■■■ greeting the clinician with a smile or vocalization. S■■■■ J■■■ enjoys participating in activities that contain an auditory component, such as music. S■■■■ J■■■ will activate her switch to initiate and continue cause-and-effect activities following clinician modeling and prompting.

S■■■■ J■■■■ sometimes shows prolonged activation (i.e., leaning on her switch for an extended time without lifting her head). When this occurs, it should be noted that S■■■■ J■■■■ benefits from a tactile cue to the right side of her head (in order to direct her to move her head) and a verbal cue (i.e., saying “lift S■■■■ J■■■■”). In addition, she requires time for motor planning to activate her switch throughout the session. Occasionally, S■■■■ J■■■■’s switch may become displaced when activated, and frequently requires adjustments from communication partners in order to move the switch back to its correct position for optimal communication. S■■■■ J■■■■ performs best when engaged in highly motivating activities, such as rocking in her chair, music activities, and joint reading activities.

On a typical day, S■■■■ J■■■■ participates to the fullest of her abilities throughout the session with a brief break after approximately 15-20 minutes of work. Breaks are provided to avoid fatigue, overstimulation, and/or to provide time for repositioning as needed. For example, S■■■■ J■■■■ may begin to cry to express discomfort, and requires moving into her rocking chair as she benefits from vestibular input when upset. Additionally, S■■■■ J■■■■ leans to her left side in her rocking chair and requires frequent repositioning from her team to ensure her ability to access her device and for proper alignment. S■■■■ J■■■■ participates in preferred activities via activation of her switch to initiate and/or continue an activity. When given a pre-recorded core word or phrase, she will activate her switch to greet/close, request an item, request for recurrence, and to comment given moderate support of cues and wait time. Overall, S■■■■ J■■■■’s progress is highly dependent on her level of motivation, interest level and mood, as well as her level of pain and discomfort.

Strengths and Needs:

Given the nature of her brain-based condition, overall well-being, mood, and interest level, S■■■■ J■■■■ requires a variety of accommodations and supports in order for her to actively participate within a given session and to target her current goals across speech therapy sessions. The necessary accommodations and supports include a quiet and non-distracting therapy environment, frequent breaks, increased processing time, repetition, redirection cues, visual adaptations (including but not limited to: a black background, bright colored objects), aided language stimulation (e.g., modeling), and overall support of verbal, visual and tactile cues. As S■■■■ J■■■■’s accuracy and performance, and level of engagement and participation in therapy sessions is variable on a day-to-day basis, a mandate of sixty-minute sessions five times per week is fundamental and crucial in order to have ample time to provide the necessary accommodations and supports discussed, as well as to present multiple opportunities for practice in targeting all her goals with the areas of receptive and expressive language, AAC use, and oral-motor/feeding goals.

The CFCS level identification chart was used to categorize how consistently S■■■■ J■■■■ engages in conversational exchange. On the [CFCS](#) level identification chart, S■■■■ J■■■■ can be considered a Level 4: “Inconsistent sender and/or receiver with familiar partners” communicator. S■■■■ J■■■■’s level indicates that she does not consistently alternate between sender and receiver roles or take turns in a communicative exchange. This level indicates that S■■■■ J■■■■ is able to communicate with support in regard to the “here and now” and about her wants and needs; however, she requires increased support when communicating with unfamiliar people, topics/environments. S■■■■ J■■■■ requires support from a familiar person or “listener” who can understand and interpret her attempts to communicate (i.e., AAC initiation attempts,

facial expressions, body language), as well as be knowledgeable as to how to program and position her AAC device to be understood and make choices. On the other hand, S■■■■ J■■■ communicates most successfully when with familiar partners, and engaged in highly routine, motivating and/or preferred activities.

Expressive Language: S■■■■ J■■■'s expressive language skills were assessed informally through clinician observation, paraprofessional and teacher report, as well as the *DAGG-2* section "Expression," and the "Functional Use of Communication" and "Complexity of Expressive Communication" sub-sections within the *PEDI*.

Based on the *DAGG-2*, S■■■■ J■■■ demonstrates scattered skills between Ability Level 1: Emergent and Ability Level 2: Emergent Transitional. As an "Emergent" communicator, S■■■■ J■■■ communicates most successfully through switch activation, facial expression, body language, gestures and/or behavior. S■■■■ J■■■ activates her switch with the left side of her head. Through a pre-recorded message, S■■■■ J■■■ can direct action, comment, and request for recurrence given moderate support from her communication partner (e.g., programming the switch, providing multimodal cues). S■■■■ J■■■ makes her likes and dislikes known through facial expression, gestures, body language, and reflexive vocalizations. When S■■■■ J■■■ is upset, she may begin to cry and tense her body. Additionally, when overstimulated, S■■■■ J■■■ may lift her hands and gag; in these moments she benefits from sensory input (i.e., vestibular input via rocking) in order to calm her when this occurs. S■■■■ J■■■ demonstrates consistent participation within sessions when she is in her rocking chair being provided with vestibular input. When S■■■■ J■■■ is happy, she will move her hands together as a form of excitement, vocalize, and smile. S■■■■ J■■■ requires help from a familiar communication partner in order to interpret the meaning of her communication, as well as programming her switch as needed. S■■■■ J■■■ highly benefits from repetition of activities and familiar topics, as well as consistent use of her switch in order to be an active participant and communicative partner. In addition, increased processing time, redirection and overall support of verbal, visual and tactile cues are needed to continue the development of these skills. Skills developing within the "Emergent Transitional" communicator category include reliance on the use of body language, facial expression or behavior to intentionally communicate within motivating and highly preferred activities with familiar communication partners.

Based on the *PEDI*, S■■■■ J■■■ possesses several skills that make her an effective communicator (e.g., she uses specific words or gestures to direct action, and uses gestures with a clear meaning). For example, S■■■■ J■■■ will bring her hands together to let her listener know she is excited. In regard to speech and sound production, S■■■■ J■■■ produces vocalizations and simple coo-like sounds, however, at this time it not judged that these are attempts at speech production. She will respond to preferred adults when prompted after being spoken to to take her turn. S■■■■ J■■■ does not yet demonstrate the ability to name items, use a single word with clear meaning, combine words in order to seek information, and describe objects or actions.

As previously mentioned, S■■■■ J■■■ also uses a head-switch to communicate; her head-switch is positioned on the left side of her head. S■■■■ J■■■'s switch does not remain in a stable position when activated and requires frequent re-positioning from her communication partners.. When using her switch,

S■■■■ J■■■ is presented with 2-3 options via auditory partner assisted scanning to improve her consistency across trials. S■■■■ J■■■ may respond to preferred choices via facial expression or vocalization, however, in order to reinforce consistent switch use, the clinician prompts S■■■■ J■■■ to activate her switch in addition to facial expressions/body language in order to make her choice. The clinician then reinforces switch use in order to initiate and continue preferred activities. Recently, S■■■■ J■■■ has demonstrated progress regarding consistent switch activation in order to engage in cause-and-effect activities. Activities with an auditory component appear to be the most motivating for S■■■■ J■■■, and as such, they are frequently incorporated within speech therapy sessions. S■■■■ J■■■ demonstrates less consistent switch activation during non-preferred activities. It should be noted that S■■■■ J■■■ requires increased processing time, repositioning as needed, and motor planning time in order to activate her switch. S■■■■ J■■■ continues to benefit from a multimodal approach in the form of verbal (i.e., “S■■■■ J■■■, do you want more rocking?”) and tactile cues (i.e., tapping on the left side of her head) in order to facilitate switch activation. During these activities S■■■■ J■■■ is occasionally observed to activate her switch continuously after the desired stimulus has already been rewarded. We are working to reduce this over-selection and non-purposeful activation. S■■■■ J■■■ requires a verbal and a tactile prompt in order to remove her head from the switch in order to prevent over-activation.

Receptive Language:

S■■■■ J■■■’s receptive language skills were assessed using *DAGG-2* “Understanding” section, various subtests from the *PEDI*, as well as through clinician observation and paraprofessional report. Based on the *DAGG-2* results, S■■■■ J■■■ demonstrates scattered skills between Level I, “Emergent” and Level II, “Emergent Transitional.”

As an “Emergent” communicator, S■■■■ J■■■ currently exhibits limited understanding that symbols represent ideas. Additionally, pictures may or may not assist in increasing understanding or expression, which is likely in large part due to her visual impairment. Within the ability level of “Emergent Transitional” communicator, S■■■■ J■■■ has shown the emerging ability of following simple one-step commands that are embedded in familiar and highly motivating routines with familiar communication partners. For example, when being changed, S■■■■ J■■■ will assist her caregiver when provided with verbal instruction, such as “lift your head.” Furthermore, S■■■■ J■■■ will follow one-step commands to turn her head to activate her switch or assist in turning a page in a book. S■■■■ J■■■ benefits from repetition of activities and consistency in using her switch, along with verbal and tactile cues to aid in the further development of these skills.

S■■■■ J■■■ was also administered various subtests from the *PEDI*. Subtests included: Comprehension of Word Meaning and Comprehension of Sentence Complexity. Based off results from these two subtests, S■■■■ J■■■ further demonstrates an understanding of at least 10 familiar or core words, responds to “no,” recognizes her name and names of familiar communication partners, understands when speaking about the “here and now,” demonstrates understanding of short sentences regarding familiar objects, and the ability to understand simple 1-step commands. In regard to social and pragmatic function, S■■■■ J■■■ exhibits clear preference and a differentiated response for familiar voices/communication partners, as evidenced by smiling, vocalizing or bringing her hands to midline in excitement. She exhibits a clear preference for various clinicians and other members of her team.

AAC:

S■■■■ J■■■ utilizes an Augmentative and Alternative Communication (AAC) system, which consists of a head-switch (e.g., wobble switch, jelly switch) that is positioned on the left side of her head and connected to a voice output switch (i.e., BIGMack switch). This system can be utilized to produce pre-recorded core words and phrases in conjunction with Partner Assisted Scanning (PAS) to interact with people within her environment, participate in cause-and-effect activities, as well as to make choices. S■■■■ J■■■ has progressed from last academic school year, and now currently requires a moderate amount of verbal, tactile, and visual prompts in order to activate her switch throughout cause-effect activities when compared to last year's maximal prompting. This can be attributed to repetition of skills, as S■■■■ J■■■ is more likely to progress when given a high frequency of trials to teach skills and reinforce switch use.

She has been observed to activate her switch in a cause-and-effect manner, such as to initiate or continue a song. Given a pre-recorded core word or phrase, S■■■■ J■■■ will activate her switch to communicate a variety of messages (e.g., greet/close, request, and direct action) given moderate-to-maximal support of verbal and tactile cues, as well as extended wait time. S■■■■ J■■■ utilizes her switch best when performing familiar tasks (i.e., requesting rocking) and/or routines. In order to promote generalization of the function and use of her head-switch, S■■■■ J■■■ uses her switch during academics, as well as in her other therapy sessions. Push-in sessions in S■■■■ J■■■'s classroom's morning meeting have been conducted. S■■■■ J■■■ requires a moderate-maximal amount of support in order to activate her switch in this setting.

Currently, S■■■■ J■■■ has inconsistently demonstrated the ability to generalize function of her switch to request novel stimuli in novel contexts, as well as non-preferred activities. This is a skill that will be targeted in future sessions in order to increase her generalization of skills into a variety of environments, activities, and with communication partners. Additionally, rejecting non-preferred activities will be incorporated as a goal, as this is a skill that S■■■■ J■■■ demonstrates without her switch, and can be targeted with AAC in order to aid in consistent switch use across contexts. Overall, S■■■■ J■■■ exhibits an awareness and understanding for the location and use of her switch in being able to communicate basic likes and dislikes, participate in cause-and-effect activities, and partake in social interactions given proper prompting, programming and set-up.

Oral Motor:

Oral motor and feeding skills were assessed based upon clinician observation, as well as collaboration from S■■■■ J■■■'s team. Given observation of the oral motor musculature, S■■■■ J■■■ presents with overall lax or low tone oral musculature, as evidenced by a slightly opened mouth posture at rest. This results in persistent mouth breathing and poor secretion management. S■■■■ J■■■ presents with poor secretion management in the form of anterior loss of secretions from her oral cavity, suspected secondary to decreased frequency of volitional swallows, and poor postural control (i.e., S■■■■ J■■■ demonstrates difficulty maintaining her head in an upright and midline position secondary to diagnosis of scoliosis and severity of rib cage rotation). S■■■■ J■■■ also presents with limited tongue lateralization and retraction, and periods of anterior tongue thrusting at baseline, as well as during her oral feeds.

Oral Speech Mechanism (via Talk Tools promoter feeding evaluation checklist)

Tone	Grossly low tone
Palate	Intact
Dentition	Unremarkable, with an observed overbite and malocclusion resulting in reduced contact of anterior dentition
Velopharyngeal closure	Unremarkable
Labial	Structure- Within functional limits Function- Grossly low tone
Lingual	Structure- Within functional limits Function- Grossly low tone
Jaw	Structure- Within functional limits Function- Open mouth posture at rest
Cheeks	Structure- Within functional limits Function- Grossly low tone

Feeding:

Currently, S■■■■ J■■■ receives her primary means of hydration/nutrition via G tube. She has a 1:1 nurse in part due to her feeding challenges and risk for aspiration. S■■■■ J■■■ received a Modified Barium Swallow Study (MBSS) in 2018. Results from her MBSS revealed: "Pt presents with oropharyngeal dysphagia characterized by impaired oral motor skills, delayed onset of the pharyngeal swallow, and post swallow residue with thin liquids and puree, which did not result in aspiration after the swallow though places Pt at risk of aspiration after the swallow. Pt may be aspirating refluxed material." Following her MBSS, it was recommended S■■■■ J■■■ receive alternative means of hydration/nutrition via G tube, with allowance of pleasure feeds only of puree consistency items and nectar-thick liquids.

Typically, S■■■■ J■■■ receives one oral feeding per day, at noontime; all feeds are hand-fed by the clinician or familiar feeding partner. Depending on her overall state and well-being, it can take up to 15 minutes for S■■■■ J■■■ to accept food by mouth and can require maximal verbal and tactile cueing. If the clinician is unable to feed S■■■■ J■■■ within this time frame, it is determined that S■■■■ J■■■ is non-accepting, and thus, will not receive her pleasure feed at lunch. The current clinician provides S■■■■ J■■■ with her pleasure feeds once per week at lunch time. When accepting, S■■■■ J■■■ will typically accept ~1-2 sips of nectar-thick liquids (via nose cup) and ~5-10 bites of puree consistency items (via maroon spoon). While the amount of acceptance/PO intake has increased from the last academic school year, suspected to be secondary to recovery from spinal surgery, it is difficult to assess how much S■■■■ J■■■ is actually consuming, as she presents with an incomplete pharyngeal swallow and excess anterior bolus loss.

Across all trials, S■■■■ J■■■ presents with significant anterior loss of bolus from her oral cavity (likely secondary to poor labial seal and lingual thrust) and has been noted to hold the bolus in her oral cavity. S■■■■ J■■■ also presents with increased anterior-posterior transport, lingual pumping and difficulty propelling the bolus backward. Her pharyngeal swallow trigger appears delayed (~10 seconds to initiate) with reduced hyolaryngeal elevation and excursion upon palpation S■■■■ J■■■ benefits maximal verbal and tactile cues to initiate a pharyngeal swallow. Of note, tactile pressure to where S■■■■ J■■■'s chin meets the top of her neck via massage has been successful in preventing anterior bolus loss by providing a cue to the

base of her tongue to propel her food backwards. S■■■■ J■■■■'s ability to initiate a pharyngeal swallow remains inconsistent at this time. Following each bite/sip, S■■■■ J■■■■ presents with diffuse residue throughout the oral cavity, as evidenced by residue along the lower anterior labial surface, lingual surface, and lateral channels. S■■■■ J■■■■ also presents with inconsistent wet/gurgly quality during and after feeds (suggestive of pharyngeal residue). Because of the presence of pharyngeal residue post swallow, formal recommendations following her MBSS recommended 3 dry-swallows following each bite/sip (via presentation of empty spoon to S■■■■ J■■■■'s lips), in order to facilitate oral and pharyngeal clearance. Currently an empty spoon is presented to prompt additional swallowing. This is sometimes successful and dry swallows are volitional. S■■■■ J■■■■ at risk for aspiration and aspiration-related consequences and requires the close monitoring during and after feeding from her 1:1 nurse. . Of note, during and following both oral and tube feeds, S■■■■ J■■■■ has been observed to gag and/or cry for extended periods of time, suspect secondary to abdominal discomfort GI-related issues, as well as overall expenditure of energy during feeding. S■■■■ J■■■■'s 1:1 nurse provides additional support at these times.

In an attempt to improve S■■■■ J■■■■'s acceptance of oral feeding trials and oral hygiene, current and future oral-motor goals targeted in therapy include increasing S■■■■ J■■■■'s tolerance for peri-oral and intra-oral stimulation. Peri-oral and intra-oral stimulation is delivered via use of dental tips and small strokes of different tastes/temperatures along Sarah's labial, lingual and buccal surfaces. Across treatment, the current clinician provides education on feeding to S■■■■ J■■■■'s staff and family as needed. Verbal discussion re: hand-feeding techniques, compensatory swallowing strategies/maneuvers, and aspiration and dysphagia precautions have been reviewed with her 1:1 nurse and paraprofessional.

Present Level of Performance: Occupational Therapy

S■■■■ J■■■■ currently is mandated for occupational therapy services four times a week for sixty minutes each to address her functional independence with daily routines, her participation in academic and classroom activities, and her engagement in leisure activities. She is a bright, expressive individual with a smile that lights up a room. S■■■■ J■■■■ is motivated by socialization with peers, teachers and family. She enjoys engaging in familiar activities and is able to express herself through facial expressions, vocalizations, clapping, and use of a Big Mak switch when presented with choices via partner assisted scanning. From mid-March 2020 to May 2020, S■■■■ J■■■■ received OT services via tele-health due to the Covid-19 pandemic. She began in-person services again in May 2020 in the school setting. S■■■■ J■■■■ has recovered well from her spinal surgery in September of 2019, demonstrating an increased upright posture and increased sitting balance, with the proper assistance as needed.

S■■■■ J■■■■ requires 60 minute 1:1 skilled OT service to allow adequate time for transitioning to appropriate therapy space, transfers, preparatory activities, arousal, equipment set up, rest breaks, demonstrations, redirection, caregiver/paraprofessional education, repetition, and processing/ response time. S■■■■ J■■■■ requires increased time at the beginning and end of sessions (about 10 minutes each) for positioning as she requires a two-person transfer and several pillow positioners to increase comfort and safety when sitting/lying down on any surface. S■■■■ J■■■■ communicates that her position is not optimal with crying and/or facial expressions. S■■■■ J■■■■'s tolerance for sitting upright and participating in stretching has increased with decreased crying during sessions, however she continues to require re-positioning every 5-

10 minutes. Session time (about 30 minutes) is also spent engaged in active and passive range of motion for her upper extremities and donning of hand splints to prevent secondary impairments. S■■■■ J■■■ requires daily ROM, stretching, and weight bearing to prevent worsening of contractures and joint deformity. It is observed that S■■■■ J■■■ learns best in a multi-sensory environment that is not overstimulating visually or auditorily. S■■■■ J■■■ benefits from rest breaks and slow pacing during activities to maximize motivation and attention during tasks that demand most energy or to address sensory dysregulation. Another strategy to maintain regulation and energy to provide S■■■■ J■■■ with extended time to process input, requests and her environment. Currently, S■■■■ J■■■ needs maximal assistance to meet sensory needs throughout the school day. S■■■■ J■■■ has increased her communication of sensory needs and is able to rock herself in her rocking chair to provide herself with vestibular input. This academic year, this Occupational Therapist strives to assist S■■■■ J■■■ in self-identifying when she is starting to feel discomfort or dysregulated, and to communicate that need so family and providers can better assist S■■■■ in remaining regulated in a timely manner.

When S■■■■ J■■■ is at rest in her rocking chair or in her wheelchair, she presents with knees and hips flexed at about 90 degrees, wearing AFOs. S■■■■ J■■■ will also typically present with a fluidized positioner between her legs, under her left buttocks, in the right curve of her back and under her arms to increase support, skin integrity and comfort. Although S■■■■ J■■■ received back surgery, she still presents with a significant curve in her spine, curving to her right. She has a fluidized positioner under her left buttocks to prevent continued reddening during sitting. As for her upper extremities, S■■■■ J■■■ presents with shoulders rounded, bilateral elbows in flexion, left wrist in extension and ulnarly deviated, right wrist in flexion and radially deviated. S■■■■ J■■■ has limited ROM in her wrists, as they are contracted in the positions mentioned and her left elbow is unable to be fully extended, as it is also contracted. S■■■■ J■■■ wears her AFOs for the majority of the day and she wears her hand splints for about 1 hour (after thorough stretching) daily. The hand splints are bilateral custom made FibrPlast hand splints that promote wrists in neutral, thumb extension (with an extra support and strap to prevent thumb dislocation), finger extension and decreased deviation. When not wearing the hand splints, she wears her bilateral hand carrots to open the webspace of her hand and extend her thumb. She wears these 2-3 hours a day. S■■■■ J■■■ has increased her tolerance for wearing the FibrPlast hand splints from 10-15 mins to the full hour without crying, however, she tolerates the carrots for much longer, requiring readjusting every 20 minutes. S■■■■ J■■■ requires the daily thorough stretching and passive range of motion (PROM), donning of splints, positioning devices and physical repositioning to prevent worsening of contractures, promote skin integrity, retain ROM and function, and increase her comfort.

During push-in academic sessions, S■■■■ J■■■ demonstrates an increase in participation in the academic curriculum. This year, she has increased her endurance and ability to sustain an upright position while seated in her rocking chair or on a bench. S■■■■ J■■■ also exhibits an increase of engagement in academic activities and social encounters with the use of her switch, located typically to the left of her head. S■■■■ J■■■ activates this jellybean switch by turning her head to the left, to activate a voice-recorded response/request via a Big Mak connected to her jellybean button. S■■■■ J■■■ utilizes this partner assisted scanning with verbal prompts and increased processing time to indicate preferences. With switch use, S■■■■ J■■■ is able to answer multiple-choice questions with repeated verbal prompts and a response time of 10-15 seconds. For example: when asked, "How are you feeling today? Hit the switch when you hear a choice that describes how you are feeling. Are you feeling sad? Happy? Mad? Tired? Hungry?" S■■■■ will hit the

switch when she hears choices that represent her current feelings. S■■■■ requires 10-15 seconds and repetition in between each choice. In this manner, she is currently able to create a journal entry of 3-4 chosen phrases with moderate verbal prompting. She is also working on volitionally sustaining pressure on the switch to increase her independence in cutting with switch adapted scissors and is now able to cut across paper for about 4-5 seconds at a time with moderate verbal cueing. Lastly, S■■■■ uses her switch with assistance to engage with and greet peers with pre-recorded messages on her Big Mak switch. This school year, she will work towards increasing engagement in cooperative turn-taking activities with peers. She will also work towards utilizing her switch in times of stress (with crying or displaying discomfort) to increase her communication of needs to those around her.

S■■■■ J■■■■ has many strengths which assist her in reaching her goals. She is highly motivated by social activities and sensory input, especially vestibular. Her posture and endurance have also improved following her surgery, and she is expected to continue to make gains as she builds strength. S■■■■ J■■■■ demonstrates improved upper extremity range of motion following surgery, increased vocalizations and respiratory capacity, and decreased pain, all of which will assist her in reaching her goals. S■■■■ J■■■■ benefits from a multisensory environment with decreased distractions, a paraprofessional to assist during transfers and repositioning, and nurse throughout her day to assist in care and ensure her safety. S■■■■ J■■■■ requires a quiet, non-distracting environment because she is easily startled by loud or unexpected noises. When startled, S■■■■ will extended bilateral elbows and flex her shoulders, then vomit. S■■■■ J■■■■ is also easily distracted by noises and voices so she will demonstrate decreased attention to a task when she is listening to those around her speak with a drifting gaze and unresponsiveness. She also benefits from a 6:1:1 classroom to promote a focused and safe environment that provides increased supports for S■■■■ J■■■■, as well as various pieces of equipment for seating and positioning. S■■■■ J■■■■'s caregivers indicate they would like S■■■■ J■■■■ to maximize her engagement during the school day and increase her endurance for activities during the day. In compliance with that request, S■■■■ J■■■■ spends most OT sessions in the therapy gym or classroom with peers and other therapists.

Aquatic Therapy

S■■■■ J■■■■ benefited from and participated in aquatic therapy prior to Covid-19 and will resume her participation post pandemic. Aquatic or hydrotherapy was used during 1 day of occupational therapy services a week, offered during the school day. Aquatic therapy maximized physical benefits, maintained range of motion, and encouraged motor learning through movement in the gravity eliminated environment of the pool. S■■■■ J■■■■ was able to enjoy the pool with one to one assistance for safety, support, and facilitation. Once in the pool, she was observed to be happy, smiling, vocalizing, clapping or splashing independently. These reactions were due to the increased sensory input of the water and movement that was able to be achieved in this setting. S■■■■ J■■■■ made gains in Aquatic therapy, including an increased number of repetitions achieved for bringing her hands together (in the water, this created a splash which provided additional feedback for S■■■■ J■■■■). She was also able to increase the number of kicks with each leg. For her left leg, she completed two sets of five kicks with moderate verbal cues and minimal tactile cues for feedback. These gains were carried over and observed in the school setting by demonstration of decreased impact of secondary impairments such as contractures and decreased mobility outside of the water. S■■■■ J■■■■ will benefit from continued Aquatic Therapy once pools re-opens.

The Self-Care Domain of the Pediatric Evaluation of Disability Inventory (PEDI) documents functional abilities in many self-care areas including eating/drinking, oral-care, hair/face/hand care, bathing, dressing, toileting, and management of bowel and bladder. The PEDI was used informally due to the standardization of age ranges between 6 months to 7 years 5 months of age. The assessment was completed through skilled observation and interview with S■■■■ J■■■■'s nanny. Findings from the assessment are summarized below.

Assessment/Evals Utilized	Date	Score/Result
Pediatric Evaluation of Disability Inventory (PEDI)	1/18//2021	Self-Care Domain Functional Skills: <u>4/73</u> Self-Care Domain Caregiver Assistance/Modification: <u>0/40</u>

Present Level of Performance: Physical Therapy

S■■■■ J■■■■ participates in five 60-minute physical therapy sessions, where she enjoys music and is very interactive with peers and familiar faces. She had her spinal fusion surgery in September 2019 to correct her scoliosis. S■■■■ J■■■■ has made good progress in this academic year. One of her goals was to take 3 active steps in a fully supported gait trainer wearing her AFO's and shoes. Currently, she is able to take 7-8 steps in her gait trainer with minimal assistance to the left and moderate assistance to the right foot. She is able to contract the muscle on her right leg and drag the foot forward by some inches. In supine, she is able to flex and extend her leg bilaterally with mod assistance by the pillow to support the hip from going into internal and external rotations. She is able to activate the switch using her left foot 2 times by dorsiflexion of her foot. While sitting in her rocking chair, she has mastered the skill of self-rocking the chair while her feet are supported on the ground and foot aligned by wearing her AFO's.

The second goal S■■■■ J■■■■ was working on during this school year was to be able to roll from supine to side-lying on both sides with minimal assistance to the pelvis. She has successfully achieved the goal of flexion and extension of her hip with a bolster/ ball under her ankle. She is able to protract and retract her shoulder but was unable to follow commands to work towards the gross motor planning for retraction of the shoulder; hence she has not yet achieved this goal. She was able to extend her elbow 1/5 times while laying on her side to reach for her switch. Therefore, the goals were revised during the quarterly progress reports.

S■■■■ J■■■■ has developed good strength in her abdominal core muscles, which helps her maintain her posture in sitting. The new goal she was working on was to be able to sit on a bench with moderate assistance and do reach outs extending her elbows. Currently, she is able to extend her elbow with max assistance towards the ground.

S■■■■ J■■■■ receives sixty minutes of physical therapy, five-time a week in school. S■■■■ J■■■■ also received some therapy sessions via teletherapy on the days she is unable to attend school due to COVID precautions. She requires a two-person transfer for all transitions in and out of the equipment and her wheelchair. S■■■■ J■■■■ is very sensitive to movements and requires all her transitions to be smooth and slow. After the

transfers, she requires time to calm down and settle on the mat because of sensory and musculoskeletal concerns.

A typical 60-minute physical therapy session consists of fifteen minutes of the session time are spent performing myofascial release and stretching her upper and lower extremities. She needs time to relax and actively extend her extremities. The next 5 minutes of the session time are spent on active assisted rolling to activate and strengthen the core muscles. The following 20 minutes of the session time is spent doing any active-assisted gross motor tasks to improve bone density and muscle activation. Some of these activities include standing in the stander, standing leaning against a ball, sitting on a ball, and riding a bike. S■■■■ J■■■ requires 15 min of modified belly time (as per her physician's recommendation). In this position, she is actively using her hands and stretching her hip flexors. This position also helps with digestion and blood circulation to the body. All her transfers must be slow, and she is made aware of them to avoid causing a startle to the movement. S■■■■ J■■■ utilizes a gait trainer, adaptive bicycle, benches, plinths, and therapy balls in the physical therapy session. S■■■■ J■■■ currently uses a supine stander three days a week for 60 minutes.

Environmental modifications must be made to ensure S■■■■ J■■■'s safety throughout her physical therapy session and day, including but not limited to adjusting her wheelchairs, pelvic and chair harness for appropriate fit, adaptive seating for participation in classroom activities with peers, and working on soft mats to prevent injury. S■■■■ J■■■ requires consistency in daily physical therapy sessions to make gains in physical development.

Typically, S■■■■ J■■■ requires minimal assistance in sitting on the bench, to take 7-10 steps with her left leg and 1 step with her right leg in a fully supported gait trainer. She is also able to relax her biceps and extend her elbows. This helps her to succeed in her functional activities and thus working towards her goals. When S■■■■ J■■■ has low arousal or increased spasticity in her muscles, she requires additional assistance in all her activities.

S■■■■ J■■■ is very interactive and social. She likes to seek vestibular input while rocking in the chair. She uses this to the best of her ability to express her feelings and to strengthen her abdominal muscles.

Rate of Progress: S■■■■ J■■■' has made slow quantitative rate of progress and a great deal of qualitative progress in this academic year. She is more active and cooperates well with less crying (indicating less pain). Her tolerance for school activities such as those in the classroom have also improved.

Equipment and assistive technology needs: S■■■■ J■■■ needs frequent rest breaks to change positions to relieve pressure points. She needs her AFO's to support and align her feet in a neutral position. S■■■■ J■■■ also needs knee immobilizers to stretch her hamstrings and support knee alignment to prevent any injuries. She also needs a fully supported wheelchair and stander to help her improve her quality of life while maintaining her postural alignment.

Needs: S■■■■ J■■■ needs brief breaks to change positions to relieve pressure points. She needs her AFO's to support and align her feet in a neutral position. S■■■■ J■■■ also needs knee immobilizers to stretch her hamstrings and support knee alignment to prevent any injuries. She also needs a fully supported activity

chair, wheelchair, and stander to help her improve her quality of life while maintaining her postural alignment. S■■■■ J■■■ requires daily push-in and pull-out sessions for maximal participation in physical therapy. She needs extra time for processing and transitioning to and from therapy.

Concerns/Priorities: S■■■■ J■■■'s family is happy with her progress pre-and post-surgery. They have expressed that their priority to continue building strength and improve active movements in her extremities.

Standardized Assessment: The Gross Motor Function Measure (GMFM) was used to assess S■■■■ J■■■'s functional mobility. The GMFM is a tool to assess gross motor function of a child with brain injury to compare a child's progression over time. S■■■■ J■■■ was assessed in her ability to participate in the functional domains: A: Lying and rolling, B: Sitting, C. Crawling and Kneeling, D. Standing, E. Walking, Running and Jumping. Her scores are as follows:

Lying and Rolling: 15/51 (decreased since Oct – 16/51)

Sitting: 2/60 (decrease since Oct – 12/60)

Crawling and Kneeling: 0/42 (decrease since Oct – 1/60)

Standing: 0/39 (decrease since Oct 0/39)

Walking, Running and Jumping: 0/72 (decrease since Oct 0/72)

Present Level of Performance: Vision Education Services

S■■■■ J■■■ receives Vision Education services three times per week for sixty minutes. S■■■■ J■■■ has Cortical Visual Impairment as a result of the traumatic brain injury that she sustained. S■■■■ J■■■ has demonstrated the emergence of improved visual abilities; however, her visual functioning remains greatly impacted by CVI. S■■■■ J■■■ is presently functioning in Phase II of CVI.

During vision sessions, S■■■■ J■■■ has been working towards viewing accommodated materials at greater distances. When presented materials are brightly colored, large, and have a movement or an illuminated quality, S■■■■ J■■■ will often turn to view materials up to a distance of 3 feet from her eyes. S■■■■ J■■■'s health and wellness greatly impact her use of her vision. She displays increased non-purposeful gazing when she does not feel well or she is distracted by background noise. S■■■■ J■■■ has viewed a light box display up to a distance of 5 feet in the light and sound controlled vision room. When materials are presented in a light and sound-controlled space such as pull out sessions in the vision / dark room, S■■■■ J■■■ gazes at visual materials presented in all quadrants of her visual field with varying levels of latency. She demonstrates decreased latency time when viewing materials presented on her right side and in her upper visual field. She is consistently provided verbal, physical, and visual prompts in order to maintain or re-establish her gaze. S■■■■ J■■■ has demonstrated emergence of improved visual functioning when routinely provided visual activities with familiar objects and a sequential progression as is accomplished in her vision sessions.

Sound distractors often impact S■■■■ J■■■'s visual functioning. It is challenging for her to process auditory and visual information simultaneously. When a sound that S■■■■ J■■■ is aware of distracts her, she presents with immediate non-purposeful gazing and a fixed eye position. It is challenging for her to

re-establish her visual attention on the presented materials, however, with repetitious practice and presentation of familiar, accommodated materials and activities, S■■■■ J■■■ has demonstrated emergence of her ability to maintain and re-establish her visual attention during Vision sessions. Her visual attention and fixation consistently increase when provided visual activities in the dark, quiet Vision Room compared to an environment with overhead lighting and sound distractors. S■■■■ J■■■'s vision is greatly impacted by a room's lighting. When room lighting is modified, overhead lights are turned off, and sound input is controlled, S■■■■ J■■■ will fixate, scan, and track visual materials with more frequency and reduced latency. She has begun to demonstrate emerging abilities to view familiar, accommodated, and preferred visual materials with overhead lights on. In addition to the visual impacts of Cortical Visual Impairment, S■■■■ J■■■ has binocular coordination challenges. Her eyes do not always move together in the same direction. When she establishes fixation, they often will align briefly. S■■■■ J■■■'s visual functioning and well-being is greatly influenced by sound. Rarely, S■■■■ J■■■ has become nauseous during vision session after being startled and her nurse immediately attends to her health.

Present Level of Performance: Assistive Technology

S■■■■ J■■■ currently receives Assistive Technology (AT) once a week individually for 60 minutes. S■■■■ J■■■ utilizes a multimodal means of communication, including facial expression, body movements, gestures, and switch technology. During assistive technology sessions, S■■■■ J■■■ currently utilizes a jellybean switch, mounted by the left side of her head/cheek via a modular hose, with connection to a voice output switch in order to communicate her wants and needs. S■■■■ J■■■ demonstrates the ability to rotate her head to the left given minimal to moderate verbal and tactile cues in order to activate her switch to make simple requests during preferred activities (I.e., music) and engage in cause/effect activities. Additionally, she uses her switch to participate in Partner Assisted Scanning (PAS) to make a choice between 2-3 items/activities presented verbally (I.e., "Do you want Maroon 5 or Taylor Swift?"). S■■■■ J■■■'s ability to rotate her head to activate her switch has significantly improved over the past year however she continues to benefit from tactile, verbal, and at times physical support to remove her head off the switch following activations. She tends to rest her head on her switch. She benefits from increased processing and wait time when using her head switch. S■■■■ J■■■ will shake her head "no" to reject non-preferred items when presented. Over the upcoming year, clinician opinion suggests that S■■■■ J■■■ may be ready to trial use of a second switch on her right side in order to expand her core vocabulary and engage in two-switch scanning. Sixty-minute therapy sessions will benefit S■■■■ J■■■ as it allows for processing time, redirection, transition between activities and to allow her private duty nurse to attend to her physical/medical needs.

Present Level of Performance: Conductive Education

S■■■■ J■■■ participated in three individual Conductive Education (CE) sessions weekly during the 2020/2021 school year. S■■■■ J■■■ has made great progress towards her CE goals.

S■■■■ J■■■ communicates with facial expressions, vocalization and use of a head switch (jellybean connected to a voice output Big Mack) to answer questions and make choices during her CE sessions. S■■■■ J■■■ is now able to maintain a short sitting position with contact guard assistance to minimal manual

facilitation while participating in classroom activities. She continues to work on reaching towards adapted equipment in front of her with bilateral upper extremities, she continues to need moderate to maximum help to reach with both hands. S■■■■ J■■■ needs maximum manual facilitation to achieve a grasp on both sides, and is able to maintain it on certain objects, such as a rope on a swing or the bar of the ladder-back chair, for up to 2 minutes before letting it go. She can release her grasp and pull her hand away; however, this skill needs to be generalized so she is able to repeat it in different settings. S■■■■ J■■■ works on standing while wearing bilateral solid AFOs and bilateral knee orthosis. She tolerates standing in a gait trainer, fully supported at her trunk and hips. She continues to work on taking steps in the gait trainer, with more success on the left side than on the right.

S■■■■ J■■■ has made great progress towards her conductive education goal and is on target to achieve all current benchmarks by the end of the school year. She is able to extend her legs with minimal manual facilitation and actively flex them following rhythmic intention. In her home setting during telehealth session, she has demonstrated the ability to extend her left leg independently with a ball under her foot for elevation, one time. When working on this skill in sitting, S■■■■ J■■■ is motivated to kick the ball. At this time, she is able to actively initiate the kick and then needs moderate to maximum manual facilitation to push the ball forward and is showing increased consistency and frequency of skill. She has demonstrated the ability to execute the skill in supine, however she needs to work on generalizing the skill in all settings.

S■■■■ J■■■ has made outstanding progress towards her goal of driving a power chair with a head switch. The switch is positioned by the right side of head. She is able to respond to stop/go commands 75% of the time and is able to sustain hold on the switch for up to 20 seconds to go forward. This is a significant progress as in the beginning of the year she could only sustain hold for up to 3 seconds.

S■■■■ J■■■'s energy level and level of discomfort changes frequently, which affects the skills that can be targeted during a session. Providers need to be flexible in adjusting sessions to meet her needs.

A typical session starts with working on active movements in bilateral upper and lower extremities. It's very important to maintain her ability to extend her legs with minimal manual assistance. On most days S■■■■ J■■■ works on perfecting this skill and using it in different settings and positions (supine, sitting), such as pushing herself on an adapted platform swing or in her rocking chair. Occasionally S■■■■ J■■■ requires multiple breaks with music and rocking to help her regulate and maintain participation in the session.

S■■■■ J■■■ greatly benefits from limited visual and auditory stimulus as she gets overwhelmed by loud noises around her. She requires direct instruction presented at an individual level when learning new skills.

Present Level of Performance: Music Therapy

S■■■■ J■■■ has been recommended for music therapy services based on evaluation. S■■■■ J■■■ responds strongly to presence of live music and participating in the recreation of familiar and preferred songs. S■■■■ J■■■ attends to and participates in familiar songs through playing jingle bells on her wrist or even vocalizing. S■■■■ J■■■ will express her preferences on a song to the therapist via facial expression, or her head switch if available. S■■■■ J■■■'s sessions are spent orienting her to the time and place and

context of music therapy, adjusting her physical positioning for optimal comfort and attention. The session also includes song selections, breaks in music for regulation, and time to transition between activities/songs. On her best day, S■■■■ J■■■ will express her preferences for songs, participate in active music creation, and smile/attend to the music. Occasionally, S■■■■ J■■■ will cry during the session, due to her pain and discomfort. On these days, sessions include music therapy to soothe and help regulate, though S■■■■ J■■■ demonstrates limited response to this if not initiated at the onset of her discomfort/pain. Due to her complex physical needs, S■■■■ J■■■ benefits from sessions provided in various positionings, and therefore benefits from both push-in and pull-out sessions.

Strengths: S■■■■ J■■■ is extremely socially motivated and enjoys participating with others and interacting within music. S■■■■ J■■■ loves to listen to her preferred music and vocalize or dance along to it with physical assistance. S■■■■ J■■■ does show some response to music as a soothing stimulus, particularly when she is experiencing discomfort.

Needs: During music therapy, S■■■■ J■■■ experiences periods of discomfort and dysregulation, and requires consistent reassurance and reaffirmation of her state. Her positioning is closely linked with her level of performance in music therapy, and she has demonstrated minimal success when up in her stroller. This significantly limits her ability for sessions to occur in other locations or to interact with other peers and demonstrates a strong need for support in self-soothing.

Assessment Data and Report

The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND) is a criterion-referenced assessment of musical interaction, communication, cognition and perception, and responsiveness in musical-play for individuals with neurodevelopmental disorders. The IMCAP-ND is a method for observing, listening and rating musical emotional responses, cognition and perception, and preferences and efficiency in individuals diagnosed with neurodevelopmental disorders. The IMCAP-ND examines musical-emotional abilities, musical cognition and perception skills, as well as musical responsiveness that deals with preferences, perceptual efficiency and self-regulation in musical-play. The IMCAP-ND consists of three rating scales. They include 1) Scale I: Musical Emotional Assessment Rating Scale (MEARS), 2) Scale II: Musical Cognitive/Perception Scale (MCPS) and 3) Scale III: Musical Responsiveness Scale (MRS). Administering the IMCAP-ND requires the therapist to improvise music experiences based on the client's interest and musical lead, while targeting specific musical responses that are relevant to neurodevelopmental disorders. The therapist's main focus is on engaging the client in a wide variety of musical interactions, all within the context of play.

IMTAP RESULTS		
Sub-Domain	Raw Score	Final Score
Receptive Communication/Auditory Perception	10/120	8%
Expressive Communication	12/113	11%
Cognitive	5/39	13%

Social	40/172	23%
Musicality	33/454	7%

Assessment Findings

S■■■■ J■■■ was evaluated using a modified version of the Individualized Music Therapy Assessment Profile (IMTAP). The IMTAP generates data in ten domains of functioning: gross motor; fine motor; oral motor; sensory; receptive communication/auditory perception; expressive communication; cognitive; social; emotional; and musicality within the context of music therapy. The IMTAP scores based on the frequency a particular skill is demonstrated, ranked lowest (0) for never, followed by rarely, then inconsistent, then consistent. The 3 higher ranks range in scores from 1-6 dependent upon complexity of skill. The MT-BC has modified this ranking scale to factor in level of prompting/assistance in addition to frequency, following the same guiding hierarchy. Score values remained the same, highest level of assistance valuing lower numerically, lowest levels valuing highest. Each domain of functioning is further broken down into fundamental skills and other subsets of that skill. For example, within the sensory domain, skills are measured in subsets of fundamentals, tactile, proprioceptive, vestibular, visual, and auditory. The scores range from 0 to 6 dependent upon the developmental complexity of the skill, though only four scoring options are given per skill. For example, a skill such as “attempts to communicate” scores: 0, 1, 2, 3; whereas the skill “communicates emotional content or idea development” scores: 0, 4, 5, 6.

Qualification for music therapy services is determined not only based upon the results of this profile, but also on a narrative description of response to presence of music and its impact on assessed skills such as levels of engagement, attention, and other non-specific factors not identified in the profile. The scores relevant to areas to be addressed in music therapy are provided. It is important to note that scores do not reflect the child’s overall level of functioning. Due to the lack of an existing standardized assessment entirely appropriate to the student’s unique presentation, low scores do not reflect low functioning, but rather room for growth within the music therapy context.

Present Level of Functional Performance:

Cognition: S■■■■ J■■■ demonstrates an awareness of herself and her environment. She is motivated by social interaction with both peers and adults. She demonstrates receptive communication through response to verbal questioning and by reacting appropriately to comments or questions from communication partners. She is able to expressively communicate through the use of switches and partner-assisted auditory scanning, in addition to unaided modes of communication such as facial expression, shaking her head, or crying. S■■■■ J■■■ is responsive to activities, questions, choices and some directives. She is building her understanding and use of core vocabulary words and concepts. With the support of her one-to-one paraprofessional, S■■■■ J■■■ is able to actively participate in group-based activities and excels in activities which are most familiar, such as morning meeting. S■■■■ J■■■ continues to show improvement in socially interacting with her peers as well as adults.

Self-Care Skills:

Dressing (Upper Body)	Don shirt: S■■■■ J■■■ is dependent for this task; however S■■■■ J■■■ can tuck her chin to assist with donning her shirt.
-----------------------	--

	<p>Doff shirt: S ■■■ J ■■■ is dependent for this task; however S ■■■ J ■■■ can tuck her chin to assist with doffing her shirt.</p> <p>Don jacket: S ■■■ J ■■■ is dependent for this task, Doff jacket: S ■■■ J ■■■ is dependent for this task, but can tuck her chin to assist with donning her</p> <p>S ■■■ J ■■■ can use her switch to pick out her clothes given 2-3 choices using partner assisted scanning and extended time to process.</p>
Dressing (Lower Body)	<p>Don pants: S ■■■ J ■■■ is dependent for this task. Doff pants: S ■■■ J ■■■ is dependent for this task.</p> <p>Don socks and shoes: S ■■■ J ■■■ is dependent for this task. Doff socks and shoes: S ■■■ J ■■■ is dependent for this task.</p>
Managing Fasteners	S ■■■ J ■■■ is dependent in managing fasteners.
Toileting	<p>Diapering: S ■■■ J ■■■ is dependent in diapering.</p> <p>Toilet: S ■■■ J ■■■ is dependent in toileting and wears a diaper.</p> <p>Indicates need for use: S ■■■ communicates that her diaper is wet with crying or facial expressions, however her reactions are not immediate nor are they consistent.</p>
Grooming	<p>Tooth brushing: S ■■■ J ■■■ is dependent in toothbrushing but will open her mouth with maximal verbal cuing and tactile prompting for oral hygiene but does not tolerate the texture for more than 5 seconds, turning her head away.</p> <p>Hair brushing: S ■■■ J ■■■ requires hand over hand and maximal assistance to brush her hair. S ■■■ J ■■■ will turn her head from left to right without physical assistance to brush different parts of her head.</p> <p>Washing Face: S ■■■ J ■■■ is able to bring her hands to her face to assist with washing, but she remains dependent for the task.</p> <p>Hand washing: S ■■■ J ■■■ is dependent in handwashing but will clap to bring her hands</p>

	together to assist in scrubbing, rinsing and drying after maximal encouragement.
Feeding	<p>S■■■■ J■■■ receives her primary food through a G-tube, but she also eats orally for pleasure.</p> <p>Spoon: With maximal encouragement, S■■■■ J■■■ will open her mouth to a spoon of preferred food. S■■■■ eats an inconsistent amount of food, sometimes eating all and sometimes refusing all. Her average amount of bites is about 12 bites.</p> <p>Drinking: S■■■■ J■■■ receives all water through her G-tube.</p>
Transfers	S■■■■ J■■■ requires total assist x2 for all transfers. She is not able to propel her wheelchair and requires an attendant to navigate her environment.

Vocational Skills/Life Skills: S■■■■ J■■■ enjoys exploring her environment and the community, although this has been limited due to Covid precautions. Post pandemic, lessons will focus on increasing her awareness of the community and community helpers given the support of her teacher and paraprofessional. She will be given opportunities to show responsibility through the completion of class and school jobs with maximum supports using her switches. S■■■■ J■■■ will be given opportunities to increase community integration and explore age appropriate pre-vocational activities at school and in her community.

General Classroom Participation:

S■■■■ J■■■ is highly motivated by social interaction with both peers and familiar adults. She is able to demonstrate receptive communication through response to verbal questioning and reacting appropriately to comments or questions. She is continuing to communicate through a single panel switch with partner assistance scanning and auditory scanning as well as AAC device. S■■■■ J■■■ independently communicates with her peers and familiar adults by using facial expressions, eye contact and vocalizations. She communicates her best “yes” by smiling, clapping her hands or vocalizing. She communicates “no” by shaking her head or turning away from the speaker. When uncomfortable or in pain, she is able to communicate that by crying. S■■■■ J■■■ responds well with music and vestibular movements. S■■■■ J■■■ is able to actively participate in group-based activities and can benefit from continuing to do so for the next school year.

Social-Emotional Development:

S■■■■ J■■■■'s social development skills were assessed using the *DAGG-2* section "Social Interaction," and the sub-test "Social Function Domain" within the *PEDI*, along with clinical observation and consultation with team members. The *PEDI* was used informally due to the standardization of age ranges between 6 months to 7 years 5 months of age.

Based on the *DAGG-2*, S■■■■ J■■■■ exhibits scattered skills within the ability levels of "Emergent" and "Emergent Transitional." S■■■■ J■■■■ will react to familiar individuals and/or motivating activities via spontaneous vocalization, body movements, and/or smiling. She will participate and take turns within familiar and motivating routines, as well as respond to close physical interaction by smiling or laughing. Within the ability level of "Emergent Transitional," S■■■■ J■■■■ shows a clear preference for certain objects, activities and people. Overall, S■■■■ J■■■■ is a highly socially motivated teenager, and is most successful when engaged with familiar communication partners. She exhibits increased attempts in seeking out a familiar/preferred partner as she will localize to them by turning her head. Furthermore, S■■■■ J■■■■ shows preference and excitement towards such familiar individuals by smiling, laughing, and/or vocalizing upon hearing and recognizing their voices.

The *Pediatric Evaluation of Disability Inventory (PEDI)* "Social Function Domain" sub-test resulted in a score of 17 out of a total of 65 capabilities. Last year, S■■■■ J■■■■ demonstrated 19 out of 65 capabilities. The decrease in this year's score from last year may be attributed to the current COVID-19 pandemic which has limited pair and small group activities. For example, the previous clinician stated S■■■■ J■■■■ has demonstrated the ability to interact with a peer in simple brief episodes, however, due to social distancing precautions this skill has not been able to be demonstrated consistently. It is expected that this skill will re-emerge with increased socialization post pandemic.

S■■■■ J■■■■ presented with skills within comprehension word meaning (e.g., orients to sound, understands 10 words, recognizes "no", recognizes her name, and demonstrates understating when speaking about the "here and now"), comprehension of sentence complexity (e.g., understands short sentences about familiar objects and people, understands 1-step commands with words that describe people or things), functional use of communication (e.g., uses specific word to gesture to direct or request), complexity of expressive communication (e.g., uses gesture and/or single word with meaning), social interactive play (e.g., shows an awareness and interest in others, takes turn in simple play when cued for turn) and peer interactions (e.g., notices presence of other children, , time orientation (e.g., has a general awareness of familiar events and routines throughout the day, demonstrates understanding of simple time concepts, and associates specific times with an action or event).

It must be noted that the majority of these skills are highly dependent on pre-planning and programming of her AAC switch for activation and voice output of the core word/phrase or interaction with the objects and individuals within her environment. S■■■■ J■■■■ does not yet present with skills within the sub-areas of self-information household chores, self-protection, and community function. S■■■■ J■■■■ continues to benefit from moderate-to-maximal support of verbal and tactile cues, as well as aided language stimulation (i.e. modeling) to consistently and effectively participate in social tasks via activation of her switch during class meetings and therapy sessions. The presentation of these supports, as well as optimal and successful opportunities for practice, should continue to be provided to aid in the development of S■■■■ J■■■■'s social communication skills.

MOTOR/PHYSICAL DEVELOPMENT

Quality of Movement:

S■■■■ J■■■■'s quality of movement is descriptive of a child with Cerebral Palsy spastic quadriplegia, GMFM level 5, increased flexor tone, and Lennox-Gastaut diagnosis. Her quality of movement is affected by her PSIF T2 pelvis surgery and limitations post-surgery. She relies on her extensor patterns to initiate movements and otherwise lacks adequate motor control. Proximal greater than distal weakness is observed. S■■■■ J■■■■ presents with hypertonia in hips and shoulder muscles. She demonstrates velocity-dependent spasticity bilaterally in her hamstrings, hip flexors and biceps, pectoral muscles, and length-dependent spasticity in her wrist and shoulder flexors. While rolling, she initiates the movement with rotation from her head, with her body following.

Sensory requirements: S■■■■ J■■■■ requires continuous auditory or vestibular sensory input in the form of rocking or music. While sitting in her rocking chair, she prefers to rock herself, sing and clap. S■■■■ J■■■■ also rubs her right hand against her mouth/teeth for sensory stimulation. She prefers to maintain a high guard position for her upper extremity. (high guard position is flexion of elbow and rotation of the shoulder.)

Gross Motor:

Gross Motor:

S■■■■ J■■■■ requires maximal assistance for all transitions. She is categorized at the functional level of GMFCS level V. S■■■■ J■■■■ initiates rolling from supine to side-lying towards the left with max assistance at her pelvis by turning her head and bringing her hand forward. She assists in sustaining various therapeutic positions (supine, modified prone on elbows, side-lying, and sitting). S■■■■ J■■■■ prefers lying on her back. She is able to initiate head movement towards the midline and rotate towards the left or right with verbal cues. She likes to sit on a ball with moderate assistance at her trunk and her feet supported on the ground to seek vestibular inputs. She is able to play ball games by holding a ball in both hands and releasing it while sitting. S■■■■ J■■■■ maintains short sitting on the bench for 60 minutes with minimal assistance at the trunk. She is able to relax her hands from the high guard position (elbows flexed) and maintain them on her lap. In sitting, she turns her head from side to side to interact with her peers and make choices using a switch. While sitting on a bench with feet supported on the ground and forearm supported on the desk in front, she is able to sit with minimal contact guard assistance to her shoulder. She enjoys sitting in the rocking chair and rock herself, seeking vestibular inputs. She can currently maintain her head and arms in neutral alignment for about 10 seconds wearing bilateral AFO. In the Rifton gait trainer, S■■■■ J■■■■ is able to stand with partial weight-bearing and flexion at her hips and knees. From this position, she is able to take 7-8 steps in the gait trainer 2/5 times with maximal assistance for the right and minimal assistance at the left leg. Her tolerance to adaptively modified biking with hip and knee angle more than 100 degrees has improved. She follows a stander schedule 3 days a week. S■■■■ J■■■■ uses a supine stander to improve her bilateral lower extremity strength and improve bone density. She must wear bilateral ankle-foot orthosis and knee immobilizers to ensure proper alignment in her ankle and foot.

Needs: In addition to ongoing limitations ROM of upper and lower extremity, S■■■■ J■■■■ has limited hip flexion and rotational movements in her trunk post-surgery. She requires breaks, and all the transfers need to be in a slow pace because of the sensory sensitivity to movements. She needs bilateral hand splints, bilateral AFO's, "A" pillow between her knees to maintain proper alignment or a de-rotation brace. She also requires a wedge to prevent aspiration in supine. A standing program of 60 minutes 3 times in a day is necessary to maintain a range of motion of her lower extremities, increase bone density, and improve bowel and bladder function. (Please refer to the postural alignment section for further reference.)

Range of Motion and Mobility: S■■■■ J■■■■'s range of motion for upper and lower extremities is limited because of her increased muscle tone and spasticity. S■■■■ J■■■■ receives Botox for major muscle groups in her upper and lower extremities every six months. This helps her to maintain the range of motion, keep joints within functional mobility, and pain relief. S■■■■ J■■■■ presents with a limb length discrepancy of ½ inch (right<left) and bilateral hip dislocation. She has limited spinal mobility with no flexion, extension, lateral flexion, or rotation in the spine because of the spinal fusion surgery. Her right ASIS is higher than the left with significant pelvis rotation. S■■■■ J■■■■ has a windswept deformity to the left.

Postural Alignment: In supine S■■■■ J■■■■ requires a wedge to prevent aspiration. She prefers to keep her elbows, hips, knees flexed. She requires pillows to support her right side due to the musculoskeletal deformity from pre-surgical scoliosis and a pillow under her thighs and lower legs. She sits with moderate to minimal assistance to the trunk, hip and knees 90-90 degrees on a bench. While sitting, she prefers to keep her elbows flexed, shoulders externally rotated. She prefers to keep her elbow flexed and shoulder externally rotated as a resting position. While standing in the fully supported modified stander, S■■■■ J■■■■ needs the pillows in the following areas: head, the right side of her trunk, under her knees, between her knees, and a soft blanket above her knees. She stands with her hips and knees in flexion and bilateral knee immobilizers and AFO's in a modified stander. She is able to stand with minimal weight-bearing (the stander is used more for physiological benefits). The stander's angle is decided based on her tolerance level for that day, within a range between 60-75 degrees.

Fine Motor:

S■■■■ J■■■■ presents at a level V on the Manual Ability Classification System (MACS) for children with Cerebral Palsy 4-18 years. S■■■■ J■■■■ is unable to handle objects and is severely limited in performance of simple actions. This is due to her primary diagnosis of brain injury and secondary complications resulting in contractures of her wrists and decreased motor control of her hands. At rest, S■■■■ J■■■■ is observed with elbow flexion, wrist flexion, ulnar deviation, and finger extension. She currently uses custom made bilateral Fibr-Plast hand splints to prevent further contracture development. She was also just ordered McKie pediatric thumb splints to prevent dislocation. She benefits from passive range of motion for her hands and wrists to maximize available range.. She is frequently observed bringing her right hand to her mouth as a self-soothing behavior and wears an adapted cloth glove to prevent skin break down on her hand.

MACS	S■■■■ J■■■■ presents at a Level V on the MACS due to inability to handle objects and severely limited performance of simple actions.
------	--

Hand Dominance	S■■■■ J■■■■ does not demonstrate hand dominance, although she is observed using her right hand more than her left.
Reaching	S■■■■ J■■■■ does not demonstrate reaching as her ROM is limited by tone and contractures. S■■■■ J■■■■ does demonstrate shoulder flexion with both arms symmetrically in a clapping motion. When motivated and engaged, S■■■■ J■■■■ is able to “clap” by bringing hands together up to 10 times.
Grasp Pattern	S■■■■ J■■■■ requires total assist for grasping objects with a gross grasp. She can then maintain her gross grasp with assistance from her tone and contractures.
Pinch Pattern	S■■■■ J■■■■ does not demonstrate pinching, as she is limited by her tone and contractures.
Finger Isolation	S■■■■ J■■■■ does not demonstrate finger isolation, as ROM and strength is limited by her tone and contractures.
Release	S■■■■ J■■■■ does not demonstrate voluntary release; however, S■■■■ J■■■■ is working on relaxing her body to increase passive releasing.
Manipulation	S■■■■ J■■■■ does not engage with voluntary manipulation of objects. She requires total assistance to re-adjust her grasp of objects in her hands.
Bilateral Coordination	S■■■■ J■■■■ requires total assistance to engage in bilateral coordination tasks due to limitations in functional reach of her upper extremities. S■■■■ J■■■■ does demonstrate shoulder flexion with both arms symmetrically in a clapping motion.

Access

S■■■■ J■■■■ currently accesses the educational curriculum via her head switch (e.g., Step-by-Step, wobble switch), which is positioned at eye-level on her left side. She is able to perform this task with relative consistency. S■■■■ J■■■■ does require moderate cueing to perform this task and will sometimes rest her head on the switch to take a brief rest break. At these times, S■■■■ J■■■■ requires cueing to reset her head to midline. She is then able to again access the switch and participate in her education.

When S■■■■ J■■■■ is motivated and in a supported position, she is able to access a Big Mak or jellybean switch on mount positioned on left side of head by turning her head. She is able to use this to indicate preferences when choices are presented verbally and visually with partner assisted scanning (PAS). She is also able to reach forward with right hand to access switch positioned at midline or use wobble switch. S■■■■ J■■■■ will continue to trial various access points and methods to allow her to maximize engagement

throughout her school day with a goal of two-switch scanning. Using various switches and access points, S■■■■ J■■■ is able to use software to enhance her learning and experiences at school. This software includes Tarheel Reader to allow S■■■■ J■■■ to access and create books online, HelpKidzLearn, Google Classroom, Epic Books, and others. Access to switches also allows S■■■■ J■■■ to communicate with others, indicate preferences, and gain independence in activities such as cutting, playing with toys, self-soothing by turning on or off music, and operating switch adapted equipment. Access to switches and technology also allows S■■■■ J■■■ to explore power mobility options. S■■■■ J■■■ will continue to explore access points and assistive technology options to allow her to maximize her independence during her school day.

Sensory/Vision Use

Secondary to S■■■■ J■■■'s diagnosis of Traumatic Brain Injury, S■■■■ J■■■ is diagnosed with Cortical Visual Impairment (CVI). S■■■■ J■■■ is registered with the New York State Commission for the Blind.

Cortical Visual Impairment is a temporary or permanent visual impairment caused by a disturbance of the posterior visual pathways and/or the occipital lobes of the brain caused by injury to the brain. It is a condition that indicates the visual systems of the brain do not consistently understand or interpret what the eyes see. The degree of visual impairment depends on the location and intensity of the insult. The degree of vision loss can range from total blindness to varying levels of usable vision. The extent of impairment can be measured by implementing The CVI Range by Christine Roman-Lantzy. The CVI Range Assessment looks for the presence of specific visual behaviors within 3 phases and 10 ranges (Phase 1/ Range 1 being the most severe degree of impairment; Phase 3/ Range 10 the least degree of impairment). Given skilled and consistent intervention from a teacher of the visually impairment with expertise in CVI, visual functioning can improve as new connections in the brain can develop and overcome the initial injury or deficit. Because of this, advancement within the CVI range is expected.

S■■■■ J■■■ presently demonstrates the following CVI characteristics: preference for specific colors (yellow, red, pink, green), a preference for materials with slight movement, a delay in response time when looking, difficulty with visual complexity, light-gazing and non-purposeful gazing, visual field preference (right-central), impaired distance vision, impaired blink reflex, preference for familiar objects, and an impaired visually guided reach. S■■■■ J■■■'s best viewing occurs when room lighting is dimmed and highly contrasted or illuminated visual materials are presented within 6 inches of her eyes and maintained in one fixed position for prolonged amounts of time. She requires extended viewing time in order to visually process all visual materials using a look, look away, look back approach. Eye to object contact is established, and extended gazing time is given, before materials are shifted from their original position. With modified room lighting, minimal sound distractions and accurate placement of CVI accommodated materials, S■■■■ J■■■ will gaze towards presented materials, and when motivated, she will fixate and express interest in tactually attending to them. S■■■■ J■■■ is provided a visual warm-up period at the beginning of every session. This process varies in length and is influenced by her well-being and health. On average the visual warm-up period is approximately 40 minutes in length, however sometimes S■■■■

J■■ will begin using her vision with function immediately at the beginning of the session. 60-minute sessions allow time for several short and frequent vision breaks which are needed to help S■■ J■■ build visual stamina.

S■■ J■■ presently demonstrates skills and behaviors within Phase II of the CVI scale (range 4, with scatters to range 5). Students functioning within this phase and range are using their vision consistently when materials are presented in a highly structured and controlled manner, while integrating vision with a function. For example, when S■■ J■■ hears the footsteps of an approaching person, she often will gaze in the direction of the person, using vision to help her determine who is coming. When presented with visually appealing objects such as a colorful fiber-optic light in a dark and quiet room, she will look and then attempt to touch it. She is consistently visually fixating on presented materials in the dark, quiet room, when the targets are brightly colored, contain reflective “shiny” materials, or when directly illuminated by a flashlight, she is able to establish fixation within 2-3 seconds. It is challenging for S■■ J■■ to coordinating her processing of auditory and visual stimuli. Consequently, background noise continues to be a significant distractor, interrupting her visual attention and making it difficult for her to maintain visual processing. She is beginning to tolerate low levels of background noise when the visual materials are highly motivating. S■■ J■■ continues to show a strong right sided visual field preference but is able to localize toward lights and brightly colored objects paired with movement in her left and upper fields. She shows a latent and inconsistent response to objects in her lower visual field, therefor requiring objects to be presented at eye level or on a slant board. She visually attends to moving objects and persons up to 3 feet away. This should be kept in mind across the school day when material is being presented to S■■ J■■.

Tactile/Media Use:

Because of her brain based visual impairment and her neuromuscular impairment which limits independent hand use, S■■ J■■ uses her auditory abilities as the primary sensory channel to learn. She consistently shows auditory awareness. She appears to be an active listener to persons and sounds in her environment. As she continues to develop her visual system, she will use her vision more consistently when in more sensory complex environments. S■■ J■■ uses her tactile sense to explore and learn. For this she requires hand under hand assistance. She learns best when provided with highly targeted multi-sensory opportunities, often best presented using one sensory channel at a time. Visual images should be supplemented by real, tangible objects. Visual materials need to be adapted and presented in a manner specific to her present visual abilities (materials which are enlarged, brightly colored, have reflective “shiny” properties, placed in her right, left and upper visual fields; avoiding her lower field), and be presented against, solid colored backgrounds within near range (1-2 feet; using a black background such as APH’s Invisaboard). Environments need to have reduced sensory complexity such as limited sound and controlled lighting for challenging visual tasks., Novel visual materials/activities need to be introduced over several highly structured sessions to build familiarity and concept development. Learning should allow for hands on experience whenever possible.

Effects of Student Needs on Involvement in General Education Curriculum:

In order for S■■■■ J■■■■ to complete a task and be actively engaged, she must be in a secluded area with limited auditory distractions. S■■■■ J■■■■'s significant impairments in cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech, S■■■■ J■■■■ requires a high-level degree of individualization of her curriculum. A general education curriculum is inappropriate for her cognitively. Her curriculum must meet her unique strengths, needs, and ability to comprehend. Additionally, her academic and therapeutic environment must address her high management needs and address skills which will build a solid foundation to increase her participation, independence and quality of life. Given appropriate supports and modifications outlined within this document, S■■■■ J■■■■ is able to learn and excel.

MANAGEMENT NEEDS OF STUDENT

S■■■■ J■■■■ has highly intensive management needs and requires a high degree of individualized attention, intervention and support throughout the day.

Academic Achievement

Human Management Needs

- One-to-one paraprofessional in order to benefit from participation in an educational setting
- Aided language stimulation
- Model what is being demanded with repetition
- Repetitive additional processing time
- Repetition of verbal clues with physical clues to increase comprehension

Environmental Management Needs

- One-on instruction using direct instructional model.
- Highly structured classroom or corner room with less stimulus from auditory distractions.
- Requires direct instruction, multisensory supports, sensory breaks during instruction, and repeated directions
- Reduce visual and auditory complexity little visual clutter, limited background noise).
- Avoid placement of materials in the lower visual field
- Present visual materials on her right, left and upper vision fields
- Provide opportunities for tactile experiences
- Provide developmentally appropriate verbal descriptions of objects, activities and environments

Material Management Needs (including assistive technology)

- Have access to AAC
- Have her interests incorporated into her school day in order to maximize her interests and make skills relevant to her future.
- iPad or laptop availability with accessible resources and software to support literacy, social, and math skills as well as provide options for music and other regulating activities
- Use solid colored background when presenting visual materials (such as APH Invisaboard)

- Use slant board
- Use task lighting
- Supplement visual images with tangible objects

Social Development

Human Management Needs

- S■■■■ J■■■■ should be provided with breaks, as needed, throughout her therapy sessions.
- Provide additional processing time
- Overall support of verbal, visual and tactile cues
- Aided language stimulation (Model what is being demanded with repetition)
- Partner Assisted Scanning to provide choices for activities and communication
- Small class size of similar peers and a structured, adapted learning environment

Environmental Management Needs

- Therapy should be conducted in a quiet, non-distracting environment that has limited auditory stimuli, especially for new skills, and generalized slowly to new areas.

Material Management Needs (including assistive technology)

- Access to various switches and AAC devices (e.g., Step-by-Step, wobble switch)
- Goose mount for static access point (for wobble switch)

Physical Development

Human Management Needs

- One on one paraprofessional
- Frequent breaks to meet sensory needs
- Increased time for transitions
- Two-person transfer required

Environmental Management Needs

- Environment with decreased environmental stimuli
- Various alternative seating
- Position changes every hour or two depending on the position. (sitting 1 hour in supine 2 hours)
- Environment with reduced auditory distractions
-

Material Management Needs (including assistive technology)

- Bilateral hand orthoses and AFOs, bilateral knee immobilizers
- Adapted seating devices: bench, rocking chair, ROHO cushion, pillows for extra stability
- Activity chair
- Wheelchair

- Stander
- Gait trainer
- Mats for rest breaks

HEALTH MANAGEMENT: Individualized Health Plan (IHP)

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions
S■■■ J■■■ has traumatic brain injury; seizure disorder; global developmental delays; g-tube for nutrition, hydration, and medication administration, but still offered pureed food and liquid to nectar consistency by mouth; is non-verbal, non-ambulatory, and fully dependent in all ADL.	Risk for aspiration related to seizure activity and physical disability. Feeding self-care deficit related to physical disability.	S■■■ J■■■ will be free from aspiration. S■■■ J■■■ will assist in self-care activities as age and capabilities permit.	1. use of 1:1 paraprofessional for close monitoring. 2. observe aspiration precaution. 3. obtain non-medication form for g-tube feeding. 4. monitor g-tube feeding and tolerance. 5. refer for and coordinate occupational and speech and language therapy services. 6. assess need for assistance with assistive technology.
Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions
S■■■ J■■■ has traumatic brain injury; seizure disorder; cerebral palsy; cortical visual impairment (CVI); global developmental delays; scoliosis of the spine; hip dysplasia; is non-verbal, non-ambulatory, and fully dependent in all ADL.	Risk for injury related to seizure activity; physical disability; neuromuscular, perceptual, cognitive and visual impairment.	S■■■ J■■■ will remain safe and free of injuries while at school. S■■■ J■■■ will evacuate the building in a safe and efficient manner in an emergency situation.	1. develop and implement an emergency evacuation Plan (EEP). 2. refer for and coordinate physical, occupational, vision, and speech and language therapy services. 3. assess need for assistance with assistive technology. 4. use of 1:1 paraprofessional. 5. observe fall (esp.

			during transfer and transport) and seizure precautions. 6. obtain seizure action plan. 7. monitor seizure activities.
Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions
S■■■ J■■■ is non-verbal, non-ambulatory, and dully dependent in all ADL; has bladder and bowel incontinence, and still wears diapers; and uses body jacket, hand splints and AFOs.	<p>Risk for impaired skin integrity related to physical disability; neuromuscular, perceptual and cognitive impairment.</p> <p>Hygiene, grooming and toileting self-care deficit related to physical disability.</p> <p>Impaired urination related to sensory motor impairment.</p> <p>Bowel incontinence related to sensory motor impairment.</p> <p>Constipation related to immobility and use of anticonvulsant medications.</p>	<p>S■■■ J■■■ will maintain skin integrity.</p> <p>S■■■ J■■■ will maintain adequate dietary and fluid intake.</p>	<ol style="list-style-type: none"> 1. use of 1:1 paraprofessional. 2. refer for and coordinate physical, occupational, and speech and language therapy services. 3. assess need for assistance with assistive technology. 4. observe incontinence precaution. 5. frequent skin check and repositioning. 6. continue toilet training. 7. monitor food and fluid intake. 8. monitor bowel movement.
Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions
S■■■ J■■■ has traumatic brain injury; CVI; hip dysplasia; scoliosis; global developmental delays; is non-verbal, non-ambulatory and fully dependent in all ADL.	Impaired physical mobility related to neuromuscular, perceptual, cognitive, and visual impairment.	S■■■ J■■■ will have access to and from classes and therapy services with the use of devices and assistance from others.	<ol style="list-style-type: none"> 1. utilizes wheelchair to travel. 2. uses elevator to access 2ndst and 3rd floors. 3. refer for and coordinate physical, occupational, and vision therapy services. 4. assess need for

			assistance with assistive technology. 5. use of 1:1 paraprofessional.
Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions
S■■■■ J■■■ has traumatic brain injury; global developmental delays; vision impairment; is non-verbal and fully dependent in all ADL.	<p>Impaired verbal communication related to cognitive impairment.</p> <p>Impaired social interaction related to physical disability, impaired physical mobility and communication problems.</p> <p>Delayed growth and development related to neuromuscular, perceptual, cognitive and visual impairment.</p>	<p>S■■■■ J■■■ will communicate needs and express ideas with staff, peers, and others.</p> <p>S■■■■ J■■■ will use adaptive devices appropriately.</p> <p>S■■■■ J■■■ will perform motor, social, and/or expressive skills as age and capabilities permit.</p>	<p>1. refer for and coordinate special education, vision, and speech and language therapy services.</p> <p>2. assess need for assistance with assistive technology.</p> <p>3. use of 1:1 paraprofessional.</p> <p>4. determine use of coping skills that affect her ability to be involved in social interactions.</p> <p>5. allow ample time to accomplish task.</p> <p>6. ensure that IHP and IEP include appropriate transition planning activities.</p> <p>7. assist and educate family with special education process and implementation of interventions while in the home setting.</p>

STUDENT'S NEEDS RELATED TO SPECIAL FACTORS	YES	NO	N/A
<ul style="list-style-type: none"> Does the student need strategies, such as positive behavioral supports, that may impact the student's ability to learn or other students'? 	X		

• Does the student need a behavioral intervention plan?		X	
ENGLISH PROFICIENCY: For the student with limited English proficiency, does she need a special education service to address the student's needs as they relate to the IEP?		X	
VISUALLY IMPAIRED: For students who are blind or visually impaired what is the primary and secondary mode of learning? (visual, auditory, tactual): Primary: Auditory Secondary: Visual/Tactile			
COMMUNICATION AND HEARING NEEDS	YES	NO	N/A
Does the student need a particular device and/or service to address their communication needs? S ■■■ J ■■■ requires the following items in order for her to actively and efficiently communicate her wants and needs, as well as to participate in social and academic activities across her day. -Voice output single button switch (i.e., Big Mack, Step-by-Step) -Single button head switch with a goose mount (i.e., jelly button switch, wobble switch) Furthermore, S ■■■ J ■■■ requires a familiar communication partner to interpret her communication attempts, as well as to properly position and program the switch across her daily activities and routines.	X		
If the student is hard of hearing or deaf does the student need a particular device and/or service to meet their language need and ability to access educational materials?			X
If yes, should the child use these devices in the home?	X		
ASSISTIVE TECHNOLOGY NEEDS	YES	NO	N/A
Does the student need Assistive Technology services to meet and access educational materials?	X		
If yes, should the child use these devices in the home as well as at school?	X		

MEASURABLE ANNUAL GOALS

Academics Annual Goal: Social <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
Using a multisensory approach, using her switch and auditory scanning, S■■■■ J■■■ will increase her social skills and involvement with peers and familiar adults.	80% of days will show attainment of objectives on at least 4/5 trials.	<ul style="list-style-type: none"> Teacher/Provider observations Teacher-made materials Checklists Discrete trial 	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks:</i></p> <ol style="list-style-type: none"> Using a multisensory approach, S■■■■ J■■■ will participate in a group game, cooking activity or group art project with a group of up to 3 peers with minimal assistance 4 out of 5 trials. Using a multisensory approach, S■■■■ J■■■ will participate in an exchange with a classmate or familiar adult that includes a greeting, question and response with minimal assistance in 4 out of 5 trials Using a multisensory approach, S■■■■ J■■■ will request for an activity (music, game, playing with a toy, reading a book) with a peer, and will take turns during the activity with moderate assistance in 4 out of 5 trials. Using a multisensory approach, S■■■■ J■■■ will request for an activity (music, game, playing with a toy, reading a book with a peer, and will take turns during the activity with minimal assistance in 4 out of 5 trials. 			

Academics Annual Goal: Literacy <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>

Annual Goal (Literacy): Given the minimal support of repetition or redirection, S ■■■ J ■■■ will retell events from daily activities, stories and interactions with others by answering “who,” “where,” and “what,” questions using facial expression or AAC device using PAS or by turning toward the correct response when applicable.	80% of sessions show objectives being met as described during the quarter	<ul style="list-style-type: none"> Teacher/Provider observations Teacher-made materials Checklists Discrete trial 	Quarterly
<p>1. Given maximal support, S ■■■ J ■■■ will retell events from daily activities, stories and interactions with others by answering “who,” “where,” and “what,” questions using facial expression, AAC device using PAS or by turning toward the correct response when applicable in 4 out of 5 trials from a field of 2.</p> <p>2. Given moderate support, S ■■■ J ■■■ will retell events from daily activities, stories and interactions with others by answering “who,” “where,” and “what,” questions using facial expression, AAC device using PAS or by turning toward the correct response when applicable in 4 out of 5 trials from a field of 2.</p> <p>3. Given minimal support, S ■■■ J ■■■ will retell events from daily activities, stories and interactions with others by answering “who,” “where,” and “what,” questions using facial expression, AAC device using PAS or by turning toward the correct response when applicable in 4 out of 5 trials from a field of 2.</p> <p>4. Given minimal support, S ■■■ J ■■■ will retell events from daily activities, stories and interactions with others by answering “who,” “where,” and “what,” questions using facial expression, AAC device using PAS or by turning toward the correct response when applicable in 4 out of 5 trials from a field of 3.</p>			

Academics Annual Goal: Math <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
Annual Goal (Math): S ■■■ J ■■■ will improve her understanding of money management through identification of bills and coins	80% accuracy throughout the school day	<ul style="list-style-type: none"> Teacher/Provider observations Teacher-made materials Checklists 	Quarterly

(utilizing all following related vocabulary: money, cash, change) in a field of three options given multisensory supports.		<ul style="list-style-type: none"> Discrete trial 	
<p><i>Short-term instructional objectives and/or benchmarks:</i></p> <ol style="list-style-type: none"> 1. With maximum assistance during exploration, S■■■■ J■■■ will explore presented item (coins or bills) and then correctly identify it in a field of 2 using a total communication approach, in 4/5 trials. 2. With moderate assistance during exploration, S■■■■ J■■■ will explore presented item (coins or bills) and then correctly identify it in a field of 2 using a total communication approach, in 4/5 trials. 3. With minimal assistance during exploration, S■■■■ J■■■ will explore presented item (coins or bills) and then correctly identify it in a field of 2 using a total communication approach, in 4/5 trials. 4. With minimal assistance during exploration, S■■■■ J■■■ will explore presented item (coins or bills) and then correctly identify it in a field of 3 using a total communication approach, in 4/5 trials. 			

iBrain Recommended Service: Vision Education Services

Vision Annual Goal: <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■ will improve her visual searching skills of familiar objects at greater distances in a quiet room.	80% accuracy	clinical observation and checklists	Quarterly

Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):

1. In a dark quiet room, S■■■■ J■■■ will visually search for a large, one or two color, familiar object, when the object is "wiggled", up to a distance of 3 feet, given the verbal prompt "I spy S■■■■ J■■■'s _____".
2. In a quiet room, S■■■■ J■■■ will visually search for a large, one or two color, familiar object, when the object is "wiggled", up to a distance of 3 feet, given the verbal prompt "I spy S■■■■ J■■■'s _____".
3. In a quiet room, S■■■■ J■■■ will visually search for a large, multicolored, familiar object, in a normally lit room, up to a distance of 3 feet, given the prompt "I spy S■■■■ J■■■'s _____".
4. In a quiet, lit room, S■■■■ J■■■ will visually search for a large, accommodated object, up to a

distance of 4 feet, given the prompt “I spy a ____”.

Vision Annual Goal: <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■ will build consistent visual behaviors in settings with increasing levels of background noise	80% accuracy	Clinical observation and checklists	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student’s current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. Given 2 prompts in a quiet room, S■■■■ J■■■ will re-establish visual attention on a highly motivating activity, immediately after she hears someone walk into the room. 2. In a quiet room, S■■■■ J■■■ will establish and maintain visual attention on a highly motivating activity as someone quietly walks into the room. 3. Given 2 prompts in a quiet room, S■■■■ J■■■ will maintain visual attention on a highly motivating activity as softly spoken voices are introduced in the background. 4. In the classroom, S■■■■ J■■■ will maintain visual attention on a highly motivating activity, given 2 prompts to re-direct her attention if needed, with multiple softly spoken conversations occurring in the background. 			

Vision Annual Goal: <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>

S■■■■ J■■■ will maintain visual interest on novel objects, toys, and pictures while listening to verbal descriptions of each.	80% accuracy	Clinical observation and checklists	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. Given a novel, single-colored object, toy, or picture for viewing, S■■■■ J■■■ will maintain or re-establish fixation and sustain her gaze successfully in 4 out of 5 opportunities. 2. Given a novel two-colored object, toy, or picture for viewing, S■■■■ J■■■ will maintain or re-establish fixation and sustain her gaze successfully in 4 out of 5 opportunities. 3. Given a novel, multicolored object, toy, or picture for viewing, S■■■■ J■■■ will maintain or re-establish fixation and sustain her gaze successfully in 4 out of 5 opportunities. 			

iBrain Service Recommendation: Vision Education Services

Frequency	Duration	Type	Location
3 times per week	60 Minutes	Individual/English/Direct	Push-in/Pull-out
<p>Change in Frequency/Duration from what is currently being received? There is no change in the frequency or duration of service is recommended.</p>			
<p>Rationale: S■■■■ J■■■ continues to require direct vision services, at a mandate of three (3) times per week for sixty (60) minutes per session. S■■■■ J■■■'s vision mandate recommendations have been developed utilizing the "Determining Service Level (DSL) Guide for Vision Education" by The Ontario BVEIP Training and Development Centre. S■■■■ J■■■ has a traumatic brain injury and is diagnosed with Cortical Visual Impairment (CVI). Increases in functional vision will support her ability to gather both quality and quantity of information about people, environments, and materials. The visual and behavioral characteristics of CVI have been proven to decrease when students are provided intervention based on a systematic approach. Due to S■■■■ J■■■'s Traumatic Brain Injury, she continues to require sixty-minute sessions in order to visually process all items that are presented to her. Three sessions per week will continue to enable S■■■■ J■■■ to make consistent progress by working on visual skills in a quiet and self-contained setting as well as opportunities to generalize her skills into academic and social contexts. Teachers and related service providers will be taught how to aid S■■■■ J■■■ in her educational and environmental adaptations thought her day. This includes self-help, academic materials and materials relating to her communication and therapeutic recommendations as it relates to S■■■■ J■■■'s service providers respectively. This mandate will enable S■■■■ J■■■ to develop specialized strategies and skills related to visual memory, attention, cognition, and perception.</p>			

iBrain Recommended Service: Conductive Education

CE Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
In one academic year S■■■■ J■■■ will show increased independence when participating various activities throughout the school day.	Obtaining 2 out of 3 objectives.	Provider observations and CE checklist	Quarterly
<p>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the</p> <ol style="list-style-type: none"> 1. S■■■■ J■■■ will maintain an upright bench sitting position while kicking a ball while playing with a peer, with either leg, receiving contact guard assistance, 3 times on each side. 2. S■■■■ J■■■ will utilize a head array top follow stop and go commands and turn to one direction, 4/5 times with minimal tactile cues. 3. S■■■■ J■■■ will bring both arms to midline simultaneously to hold a medium sized object (ball, stuffed animal etc.) and release it by bringing her arms to the side following verbal prompts, 3/5 attempts. 			

Frequency	Duration	Type	Location
3 times per week	60 minutes	Individual/English/Direct	Push-In/Pull-Out
<p>Change in Frequency/Duration from what is currently received? There is no change in the frequency or duration of service recommended.</p>			
<p>Rationale: The strategies utilized in conductive education have helped S■■■■ J■■■ continue to work towards achieving her motor goals. S■■■■ J■■■ responds well to posture aligning and correcting tasks during her Conductive Education sessions. She has greatly benefited from receiving three sessions for, 60 -minute individual sessions weekly. It is important that she continues to receive 3 sessions weekly to avoid regression. The 60-minute session time is required due to the frequent rest breaks and additional processing time S■■■■ J■■■ needs when executing the tasks.</p>			

iBrain Recommended Service: Speech and Language Therapy

Speech Annual Goal: Receptive Language <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>

S■■■ J■■■ will demonstrate increased receptive language comprehension by making an appropriate choice using Partner Assisted Scanning (PAS) via activation of her switch to choose between core words, given minimal visual, tactile and verbal cues and a clinician model.	80% of trials across 3 sessions.	As measured by therapist via session observation, checklist, data collection, and formal/informal assessment within push-in and pull-out environments.	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. S■■■ J■■■ will make a selection for objects/actions/activities from 2-3 auditory choices (e.g., read a book, listen to music) presented via partner assisted scanning by activating her switch given repetition, processing time, and minimal verbal, visual, and tactile cues in 80% of trials. 2. S■■■ J■■■ will demonstrate increased receptive comprehension of core word vocabulary by choosing the appropriate core word (from a field of 2) using Partner Assisted Scanning (PAS) via activation of her switch given moderate visual and verbal cues, and minimal tactile cueing to orient her to switch location, and a clinician model. 3. S■■■ J■■■ will demonstrate increased receptive comprehension of core word vocabulary by choosing the appropriate core word (from a field of 3) using Partner Assisted Scanning (PAS) via activation of her switch given moderate visual-verbal cues, and minimal tactile cueing to orient her to switch location, and a clinician model. 4. S■■■ J■■■ will demonstrate increased receptive comprehension of core word vocabulary by choosing the appropriate core word (from a field of 4) using Partner Assisted Scanning (PAS) via activation of two voice-output switch activation given moderate visual and verbal cues, and minimal tactile cueing to orient her to switch location, and a clinician model. 5. S■■■ J■■■ will receptively identify familiar objects (i.e., cup, toy) as demonstrated by her ability to select the appropriate object by activating two voice-output switches for confirmation of yes/no information questions given maximal multimodal cues for 80% of trials. 			

Speech Annual Goal: Expressive Language	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■ J■■■ will increase her expressive language skills by using multimodal means of communication (e.g., Partner Assisted Scanning, picture symbols or objects, facial	80% of trials	As measured by therapist via session observation, checklist, data collection, and	Quarterly

expression) in order to request, comment, initiate/terminate activities across all contexts given support of aided language stimulation (e.g., modeling) and moderate verbal, visual and tactile cues.		formal/informal assessment within push-in and pull-out environments.	
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. S■■■■ J■■■ will activate her switch to choose the appropriate word from a field of 2 to initiate or terminate an activity given the support of aided language stimulation (e.g., modeling) and moderate verbal and visual cues and minimal tactile cues to orient her to switch location only. 2. S■■■■ J■■■ will activate her switch to choose the appropriate word from a field of 2 to make an appropriate request during an activity given the support of aided language stimulation (e.g., modeling) and moderate verbal and visual cues and minimal tactile cues to orient her to switch location only. 3. S■■■■ J■■■ will activate her switch to choose the appropriate word from a field of 2 to greet a familiar peer or adult given the support of aided language stimulation (e.g., modeling) and moderate verbal -visual cues with minimal tactile cues to orient her to switch location only. 4. S■■■■ J■■■ will activate her switch to choose the appropriate word from a field of 2 to make an appropriate comment during an activity given the support of aided language stimulation (e.g., modeling) and moderate verbal and visual cues and minimal tactile cues to orient her to switch location only. 5. S■■■■ J■■■ will respond to yes/no questions in order to denote choice, presented via Partner Assisted Scanning using two voice-output switches given aided language stimulation (e.g., modeling), repetition, processing time, and maximal support of verbal, visual, and tactile cues for 80% of trials. 			

Speech Annual Goal: Oral Motor Goals <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
In one academic year, S■■■■ J■■■ will increase tolerance for oral-motor exercises/activities utilizing tools and sensory stimulation (i.e., facial massage, tongue depressor, toothette,) and increase her awareness, range of motion, strength and coordination of lips, tongue and jaw to improve labial	80% of trials	As measured by therapist via session observation, checklist, data collection, and formal/informal assessment within push-in	Quarterly

closure and ability to swallow safely given moderate-maximal verbal, visual and tactile cues.		and pull-out environments.	
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. S■■■■ J■■■ will tolerate peri-oral stimulation (e.g., facial massage to cheeks, jaw, and lips) for 10 minutes in order to decreased oral sensitivity and increase her oro-facial awareness. 2. S■■■■ J■■■ will tolerate intra-oral stimulation via strokes of a toothette coated with different tastes/temperatures, to her cheeks, lips, inside of her cheeks, and tongue anterior, posterior, lateral) to improve secretion management and awareness of her oral cavity for 10 minutes 3. S■■■■ J■■■ will tolerate therapeutic tastes of puree solids and nectar thick liquids during pleasure feeds without any overt signs and symptoms of aspiration, refusal or distress in 8/10 trials 4. S■■■■ J■■■ will exhibit adequate lip seal when presented with an oral motor tool or spoon given support of maximal verbal and tactile cues in 8/10 trials. 			

iBrain Service Recommendation: Speech Therapy

Frequency	Duration	Type	Location
5 times per week	60 minutes	Individual / English / Direct	Push in / pull out
<p>Change in Frequency/Duration from what is currently received? There is no change in the frequency or duration of service recommended.</p>			
<p>Rationale: Due to the nature and severity of S■■■■ J■■■'s brain injury, frequent, intensive, 60-minute therapy sessions, five times a week, are necessary in order to ensure that S■■■■ J■■■ receives adequate repetition of concepts/activities to promote mastery of targeted skills. This mandate also allows for frequent rest breaks and repositioning due to her overall pain level and/or discomfort. Additionally, time is needed for adequate processing time, deliverance of adequate number of trials, redirection cues, AAC programming and set-up in order to target her language communication an oral-motor/feeding goals.</p>			

iBrain Recommended Service: Physical Therapy

Physical Therapy Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■■ will be able to take 10 active steps in a full supported gait trainer, with independent movement in left foot and minimal to moderate assistance to the right in order to self-propel a distance of 10 feet.	100% of the time	Clinical Observation	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. S■■■■ J■■■■ will be able to walk and self-propel a fully supported gait trainer for a distance of 5 feet with independent movement in left foot and minimal to moderate assistance to the right foot in 2/3 trials. 2. S■■■■ J■■■■ will be able to walk and self-propel a fully supported gait trainer for a distance of 8 feet with independent movement in left foot and minimal to moderate assistance to the right foot in 2/3 trials. 3. S■■■■ J■■■■ will be able to walk and self-propel a fully supported gait trainer for a distance of 12 feet with independent movement in left foot and minimal to moderate assistance to right foot in 2/3 of trials. 			

Physical Therapy Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■■ will be able to sit on a bench with moderate assistance and do reach outs extending her elbows 3/3 times bilaterally to reach for switch adapted toys.	100% of the time	Clinical Observation	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. S■■■■ J■■■■ will be able to extend her elbows at shoulder level with moderate assistance at the elbows 3/3 times. 2. S■■■■ J■■■■ will be able to extend her elbows towards the ground independently 3/3 times on verbal commands. 			

3. S■■■■ J■■■■ will reach for toys one at a time at shoulder level 3/3 times with moderate assistance at the elbow.

iBrain Service Recommendation: Physical Therapy

Frequency	Duration	Type	Location
5 times per week	60 minutes	Individual / English / Direct	Push-in/pull-out based on activity

Change in Frequency/Duration from what is currently received? There is no change in the frequency or duration of service.

S■■■■ J■■■■ has made good progress since she enrolled with iBrain in a multidisciplinary program. She is very social and likes to interact with her classmates and other people in the school. She appears to be very motivated. According to her family she is doing really well at home too. A 5-week 60 mins session helps to build in the consistency and strength needed for her daily activity where some of the session are in collaboration with the other team members and some push in session in the classroom. If she misses 1-2 sessions in a week and after scheduled school break S■■■■ J■■■■ shows regression in her skills and progress made towards her goals, also her muscular endurance level and range of motion. It is not possible to complete a functional session working on her goals in a shorter duration or frequency of sessions.

iBrain Recommended Service: Occupational Therapy

Occupational Therapy Annual Goal (Academics) <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■■ will increase participation in academic and classroom activities throughout the school day.	Attainment of short-term objectives, as observed by therapist, teacher, paraprofessional and caregivers.	OT skilled observation, caregiver, teacher, and paraprofessional report.	Quarterly

1. S ■■■ J ■■■ will increase her engagement in classroom meetings by utilizing a switch to answer questions when given a choice of 3, with a 10 second or less response time, and no more than 3 repetitions and verbal encouragement, in 3/4 trials.
2. S ■■■ J ■■■ will create a personally meaningful journal entry of up to 3 sentences, on one school day per week, using partner assisted scanning with moderate tactile prompting for initiation of switch use and scaffolding of choices.
3. S ■■■ J ■■■ will bring hands together (clap) on command to a paper placed at her mid-line in order to participate in classroom craft activities with moderate verbal cues in 3/4 trials.

Occupational Therapy Annual Goal (Play) <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
In one year of intervention, S ■■■ J ■■■ will increase participation in leisure activities in the school environment.	Attainment of short-term objectives, as observed by therapist and caregivers	OT skilled observation, caregiver and paraprofessional report	Quarterly
Short Term Objectives or Benchmarks:			
<ol style="list-style-type: none"> 1. S ■■■ J ■■■ will use adapted switch-based scissors to cut across a sheet of paper for 8-10 seconds using sustained pressure, in 3/4 trials, with moderate verbal cues to sustain pressure on the switch and to terminate when finished. 2. S ■■■ J ■■■ will take turns with peers in her classroom in choosing a song to listen to by using her switch to correctly indicate when it is her turn with moderate verbal cues, in 3/4 trial 3. S ■■■ J ■■■ will increase social engagement with peers and teachers by selecting preferred greeting from choice of three and executing with switch on 3/4 opportunities and no more than minimal verbal cues. 			

Occupational Therapy Annual Goal (Self-Care) <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
In one academic year, S ■■■ J ■■■ will improve self-care skills within the school environment to increase functional independence within her	Attainment of short-term objectives, as observed by	OT skilled observation, caregiver and paraprofessional report.	Quarterly

daily routine and reduce support required by caregivers/family.	therapist and caregivers		
Short Term Objectives or Benchmarks: <ol style="list-style-type: none"> 1. S■■■■ J■■■ will communicate a need (using partner assisted scanning with 3 choices) when asked during times of stress/crying, with repetition of choices (no more than 3 times) and minimal tactile prompting in 3/4 trials. S■■■■ J■■■ will identify preferred activity to employ during breaks for sensory regulation, from choice of three, using partner-assisted scanning, with moderate verbal cues, in 75% of opportunities. 2. S■■■■ J■■■ will bring her hands to her mouth on request, to prepare to brush her teeth with minimal tactile prompts and verbal cues, 3/4 trails. 3. S■■■■ J■■■ will wipe her face with a cloth with minimal tactile prompts and verbal cues for sensation and movement initiation, in ¾ trials of opportunities. 			

iBrain Service Recommendation: Occupational Therapy

Frequency	Duration	Type	Location
5 times per week	60 minutes	Individual / English / Direct	Push – in / pull - out
Change in Frequency/Duration from what is currently received? This Occupational Therapists recommends an increase to 5 days a week for 60 minutes of OT services to increase independence and participation in the academic curriculum. S■■■■ J■■■ has deficits in executive functioning, cognition, arousal, strengths, ROM, and motor planning which limits her participation in academic, leisure, and self-care tasks. This recommendation will support additional time needed for preparatory activities, transition time, extended time to initiate movements, to process directions, to process positional transitions, provide repetition to increase participation level, 2-person transfers, positional changes, and rest breaks during physically demanding activities. She also benefits from additional time to complete daily upper extremity active/passive range of motion exercises, positioning and donning of hand splints in order to maintain joint/skin integrity, prevent contractures and prevent a decrease of her current ROM.			

iBrain Recommended Service: Assistive Technology Services

Assistive Technology Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>

In one academic year, S ■■■ J ■■■ will use a consistent access point in order to successfully (I.e., push and remove) activate a switch to access a variety of classroom and therapeutic activities across multiple environments.	80% accuracy throughout the school day	Teacher/Provider observations	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> 1. During a range of motivating switch accessible activities, S ■■■ J ■■■ will consistently activate her mounted head switch in 3 out of 5 trials, given minimal verbal and tactile cueing, across multiple environments. 2. During a range of motivating switch accessible activities, S ■■■ J ■■■ will consistently activate her mounted head switch in 4 out of 5 trials, given minimal verbal and tactile cueing, across multiple environments. 3. S ■■■ J ■■■ will elevate head off of switch following meaningful activations (within 1-2 seconds) given minimal physical and verbal cueing in 3 out of 5 trials, across a variety of activities. 4. S ■■■ J ■■■ will engage in partner assisted scanning, given a choice of 2-3 items/activities presented verbally, by activating her head switch to communicate "that's my choice" in 3 out of 5 trials given minimal verbal and tactile cues. 5. S ■■■ J ■■■ will trial use of a second head switch, mounted on her right side, in order to expand core vocabulary (I.e., yes/no, stop/go) and engage in 2-switch scanning during preferred classroom and therapeutic tasks given moderate multi modal cueing. 			

iBrain Service Recommendation: Assistive Technology

Frequency	Duration	Type	Location
1 time per week	60 minutes	Individual/English/Direct	Push-In/Pull-Out
<p>Change in Frequency/Duration from what is currently received? There is no change in the frequency or duration of service.</p>			
<p>Rationale: AT Services for the student will specifically consist of 1) ongoing informal assessment to explore and identify new switch sites; 2) Identify, customization and possible fabrication of new switches; 3) collaboration with student's teacher and other staff to identify possible switch activities throughout the day; 4) identification, adaptation and creation of a large range of switch activities; 5) fabrication of new mounts, customization and troubleshooting of current mounts; 6) ongoing training</p>			

of staff with how to use the student's AT and AAC devices to integrate activities across her day to establish and refine switch access; 7) parent training; 8) collaboration with DOE team; 9) collaboration with vendors to borrow specialty sensor switches; and 10) creation of a comprehensive access plan.

iBrain Recommended Service: Music Therapy

Music Therapy Annual Goal: Sensorimotor	Criteria	Method	Schedule
S■■■■ J■■■ will increase active participation in improvisational music by developing her gross and fine motor skills	Goal will be considered achieved when 3/3 objectives have been met.	As observed, measured, and recorded by the therapist.	Quarterly
1. S■■■■ J■■■ will actively participate in improvisational music by extending her lower extremities 5x a session with maximum physical support and verbal cueing. 2. S■■■■ J■■■ will actively participate in improvisational music by extending her lower extremities 7x a session with maximum physical support and verbal cueing. 3. S■■■■ J■■■ will actively participate in improvisational music by extending her lower extremities 5x a session with moderate physical support and verbal cueing.			
Music Therapy Annual Goal: Speech/Language	Criteria	Method	Schedule
S■■■■ J■■■ will increase active participation in interpersonal interactions within the context of music therapy.	Goal will be considered achieved when 3/3 objectives have been met.	As observed, measured, and recorded by the therapist	Quarterly
1. S■■■■ J■■■ will actively participate in adapted music creation for 90 seconds 2x a session in 80% of music therapy sessions. 2. S■■■■ J■■■ will intentionally vocalize to familiar music for 90 seconds in 2 songs per session in 80% of music therapy sessions. 3. S■■■■ J■■■ will express preference of song choice using scanning from a field of 3 songs in 80% of music therapy sessions.			
Music Therapy Annual Goal: Cognitive	Criteria	Method	Schedule
In the academic year S■■■■ J■■■ will demonstrate decreased discomfort behaviors with moderate support in the context of music therapy.	Goal will be considered achieved when 3/3 objectives have been met.	As observed, measured, and recorded by the therapist	Quarterly
1. S■■■■ J■■■ will acknowledge music therapy as an available support during times of discomfort in 2/3 occurrences by responding to the therapist and presented intervention 2. S■■■■ J■■■ will soothe discomfort behavior with music therapy support with maximum prompting in 3/5 attempts. 3. S■■■■ J■■■ will soothe discomfort behavior with music therapy support with moderate prompting in 3/5 attempts.			

iBrain Service Recommendation: Music Therapy

Frequency	Duration	Type	Location
2 times per week	60-minutes	Individual; Direct; English	Push-in/Pull-Out
Change in Frequency/Duration from what is currently being received: No change from the last IEP.			
Rationale: S■■■■ J■■■ has previously received music therapy. S■■■■ J■■■ has shown a high level of responsiveness to the presence of music therapy and its techniques. Specifically, S■■■■ J■■■ demonstrates increased attention to situation and tolerance of therapy with the presence of music therapy for brief periods of time. Significant amounts of research point to the efficacy of music therapy in pain/discomfort management, which S■■■■ J■■■ has demonstrated candidacy for and would benefit from increased to pain management or discomfort in a variety of contexts and activities. S■■■■ J■■■ is appropriate for 60-minute sessions twice a week to ensure repetition of skills and comprehensive work to promote carry-over and generalization of skills outside of the therapy setting.			

iBrain Recommended Service: Parent Counseling and Training

Parent Counseling /Training <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■ and her family will benefit from learning opportunities to increase S■■■■ J■■■'s functioning in the home and expand on her carryover of skills, as well as address her and her family's needs according to the preferences of S■■■■ J■■■ and her family.	Monthly participation	Provider notes, activities observations and report	Quarterly
Short-term instructional objectives and/or benchmarks: <ol style="list-style-type: none"> 1. S■■■■ J■■■'s family will be provided with opportunities to learn specific techniques and skills to develop and further carryover of her social and physical skills. 2. S■■■■ J■■■'s family will gain assistance in obtaining needed financial resources, social supports and equipment for S■■■■ J■■■ as appropriate to student and family need. 3. S■■■■ J■■■ will increase her participation in family, school and community events in person or virtually. 4. S■■■■ J■■■'s family will have the opportunity to participate in support groups and other community resources focused on her development and disability and interaction with peers. 			

IBrain Service Recommendation: Parent Counseling Training

Frequency	Duration	Type	Location
1x/month	60 minutes	Individualized/English/Direct	Various
Change in Frequency/Duration from Previous IEP: (Yes/No). There is no change in the frequency or duration of service. This recommendation continues as it is needed to assist the family in acquiring the skills to support the implementation of their child's Individualized Education Program.			
Rationale: Parent counseling and training is recommended due to the high intensity of S■■■■ J■■■'s physical and developmental needs. Her family needs the support of ongoing training regarding the skills that S■■■■ J■■■ is learning and what techniques they can carry over to ensure that these skills are generalized into the home environment. Furthermore, S■■■■ J■■■'s family will benefit from carryover to aid in their care of S■■■■ J■■■ as she gets older to meet her physical, social and cognitive needs in the home.			

IBrain Recommended Service: 1:1 Paraprofessional

Paraprofessional Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
The Paraprofessional will consistently consult with the 1:1/individual nurse and/or school nurse, teacher and therapists regarding close monitoring of S■■■■ J■■■'s medical needs and will ensure that S■■■■ J■■■'s toileting, feeding, and ambulation needs are addressed.	100% of the time	Paraprofessional's observations	Quarterly
Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal): <ol style="list-style-type: none"> 1. S■■■■ J■■■ will be free from aspiration. The paraprofessional will ensure the following occurs: observe aspiration precaution at all time; maintain an upright position, as possible; monitor oral feeding and appropriate food texture 2. S■■■■ J■■■ will be free from injury. The paraprofessional will ensure the following occurs: observe fall (especially during transfer and transport) and seizure (controllable, dim lighting) precautions at all times; obtain history as to seizure type(s), triggers, medications taken; 			

monitor administration of anticonvulsive medications (by the nurse) including side effects.

3. S■■■■ J■■■■ will be free from constipation. The paraprofessional will ensure that the following occurs: monitor food and fluid intake, monitor BM; monitor administration of stool softener
4. S■■■■ J■■■■'s skin will remain intact. The paraprofessional will ensure that the following occurs: observe incontinence precautions, frequent skin check and repositioning, schedule potty time.
5. S■■■■ J■■■■ will consume at least 50% of her meals. The paraprofessional aid in monitoring of intake of foods with nurse and speech therapist as applicable.

Paraprofessional Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
The Paraprofessional will consistently consult with the special education teacher and therapists regarding close monitoring of S■■■■ J■■■■'s academic and therapeutic needs.	100% of the time	Paraprofessional's observations and notes	Quarterly

Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):

1. S■■■■ J■■■■ will fully participate in academic and therapeutic sessions. The paraprofessional will ensure the following occurs: monitor student alertness and provide prompting when needed (verbal, physical, visual).
2. S■■■■ J■■■■ will generalize skills across different contexts. The paraprofessional will ensure the following occurs: follow guidelines generated by the special education teacher and therapist; given facilitation by the teacher, provide academic support during specified times (reading strategies, academic tasks, modified materials); given facilitation by therapist, practice skills throughout the day (e.g. modified vision materials and activities, sensory diet, stander program).

Rationale for Paraprofessional Goals: S■■■■ J■■■■ requires a 1:1 paraprofessional in order to maintain her access to the educational and therapeutic environment throughout the school day. Due to S■■■■ J■■■■'s physical impairments, she is not able to independently participate in the school environment nor in activities of daily living such as dressing and toileting. In addition, due to her brain injury, S■■■■ J■■■■ has severe deficits in her ability to generalize skills into new environments. She needs a paraprofessional with her to help her carryover skills across the school day which she is learning in her academic and therapeutic interactions.

Reporting Progress to Parents: Progress reports will be made 4 times per year.

Coordinated Set of Transition Activities

Needed activities to facilitate the student's movement from school to post – school activities. Required for students in the school year in which they will turn 15 years old and thereafter. The transition plan is intended to develop the understandings, skills and experiences that S ■■■ J ■■■ will need to participate in her community to the fullest possible extent after graduation.

	<u>Activities Needed</u>	<u>Responsible party / agency</u>
Instruction	S ■■■ J ■■■ will continue to receive instruction in literacy and academics in a 6:1:1 classroom setting with the support of a paraprofessional.	School
Related Services	S ■■■ J ■■■ will continue to receive related services at a high intensity (frequency and duration) of services, with increased time toward pre-vocational and ADL skills.	School
Community Experiences	S ■■■ J ■■■ will be given various opportunities to go out in the community to experience opportunities to interact and learn about the people and places in the community, and to generalize her skills into those settings with the support of her teacher, therapists and paraprofessional.	School
Employment / Post-School Adult-Living Objectives	S ■■■ J ■■■ will begin to be introduced to different career choices that she may be interested in with the support of her teacher, therapists and paraprofessional.	School
Acquisition of ADLs	S ■■■ J ■■■ will continue to be introduced to daily living skills and to practice a range of ADL skills during therapy sessions.	School

Functional Vocational Assessment	Level 1 Functional Vocational Assessment will be administered to S■■■■ J■■■■ to assess her interests and skill levels in vocational areas.	School
----------------------------------	--	--------

Transition Annual Goal <i>What the student will be expected to achieve by the end of the year the IEP is in effect</i>	Criteria <i>Measure to determine if goal has been achieved</i>	Method <i>How progress will be measured</i>	Schedule <i>When progress will be measured</i>
S■■■■ J■■■■ will improve her understanding of how money is used for purchases in the community by demonstrating that she knows that money is used for purchases in an exchange.	Correct responses in 80% of trials on average over a three-week time period	<ul style="list-style-type: none"> Teacher/Provider observations Teacher-made materials Checklists of responses and support level based on observation 	Quarterly
<p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <p><i>Short-term instructional objectives and/or benchmarks (3-4 intermediate steps between the student's current level of performance and the measurable annual goal):</i></p> <ol style="list-style-type: none"> During real purchasing or selling experiences in school or the community, S■■■■ J■■■■ will choose the right response when asked, i.e., "What do we use to pay?" or "What do the customers need to give us to get the cookies?", when given 3 choices (with one realistic but wrong answer, the right answer, and one nonsense answer), given maximum support in 2/4 trials. During real purchasing or selling experiences in school or the community, S■■■■ J■■■■ will choose the right response when asked, i.e., "What do we use to pay?" or "What do the customers need to give us to get the cookies?", when given 3 choices (with one realistic but wrong answer, the right answer, and one nonsense answer), given moderate support in 2/4 trials. During real purchasing or selling experiences in school or the community, S■■■■ J■■■■ will choose the right response when asked, i.e., "What do we use to pay?" or "What do the customers need to give us to get the cookies?", when given 3 choices (with one realistic but 			

wrong answer, the right answer, and one nonsense answer), given moderate support in 3/4 trials.

4. During real purchasing or selling experiences in school or the community, S■■■■ J■■■ will choose the right response when asked, i.e., “What do we use to pay?” or “What do the customers need to give us to get the cookies?”, when given 3 choices (with one realistic but wrong answer, the right answer, and one nonsense answer), given minimal support in 3/4 trials.

Participation with Students without Disabilities

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

At the current time, S■■■■ J■■■ is not able to participate in a regular classroom or general education environment for nonacademic tasks due to the severe physical and cognitive impairments that she has which necessitate a small, quiet environment, individual academics at her level, and the need for similar peers. However, she is able to participate in trips to the community given appropriate supports from the school and its staff.

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially designed instruction in physical education, including adapted physical education:

Because of S■■■■ J■■■’s many medical and physical needs, she is not participating in adaptive physical education at this time.

Exemption from language other than English diploma requirement: Has the team determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement? Yes_x_ No

If no, please detail how this requirement will be met:

PROGRAM RECOMMENDATIONS

12-Month Program

6:1:1

1:1 Paraprofessional

1:1 Nurse

OTHER OPTIONS CONSIDERED AND REASONS FOR REJECTION:

Student is currently in a 6:1:1.200.6(h)(4)(ii)(a) - 6:1:1 Class

Per the Commissioner's Rule on Education, 6:1:1 classes are exclusively for students with management needs that are determined to be highly intensive and requiring a high degree of individualized attention and intervention.

Student's highly intensive management needs require a high degree of individualized attention and intervention as outlined in this IEP. Placement in the following classes was considered and rejected by Parent and iBrain because they would not be able to address the Student's unique needs and in certain instances, do not represent the Least Restrictive Environment for this Student as defined under federal and state law:

12:1:4 Program: A 12:1:4 class in a NYC DOE specialized public school would not be appropriate for this Student because these classes do not offer the support and supervision needed to address Student's highly intensive management needs. The Student needs additional support in order to remain engaged in the academic and therapeutic activities and regulated throughout the day. A 12:1:4 class is insufficient to address the Student's needs because it is too large a ratio to ensure the constant 1:1 support and monitoring Student requires in order to remain safe and does not offer the 1:1 direct instruction and academic support the Student requires to make any progress under the IEP. Additionally, the NYC DOE specialized program does not offer an extended school day which is necessary to implement the related services as outlined in this IEP. Accordingly, a 12:1:4 program in a NYC DOE specialized public school was considered for Student but was rejected by Parent and iBrain because the Student's management needs would not be met. In addition, the 12:1:4 class represents the most restrictive setting other than home instruction.

8:1:1 Program: An 8:1:1 placement in a NYC DOE specialized public school was considered for this Student and rejected by Parent and iBrain. An 8:1:1 program would not provide sufficient support for Student's highly intensive management needs. Student requires a smaller class ratio to remain focused to ensure all of Student's highly intensive management needs are met throughout the day. NYC DOE specialized 8:1:1 placements are for students on the Autism spectrum and would not be the appropriate peer group for this Student who suffers from severe impairments across multiple domains due to brain injury. Additionally, the NYC DOE specialized public school program does not offer the extended school day necessary to implement the related services as outlined in this IEP.

6:1:1 Program: A 6:1:1 placement in a NYC DOE specialized public school was considered for this Student and rejected by the Parent and iBrain. NYC DOE specialized 6:1:1 placements are for students on the Autism spectrum and would not be appropriate for pupils like this Student who presents with severe impairments across multiple domains caused by brain injury. Student needs a class that gives access to peer models, appropriate support and 1:1 intervention appropriate to address this Student's unique needs. Additionally, the NYC DOE specialized public school program does not offer the extended school day necessary to implement the related services as outlined in this IEP.

TRANSPORTATION RECOMMENDATIONS

Does this student require transportation services? x Yes No If yes,
specify below:

Busing with:

Adult Supervision - Nurse

Vehicle and/or Equipment needs – AC

Vehicle and/or Equipment needs – LIFT-BUS/WHEELCHAIR RAMP

Vehicle and/or Equipment needs – Wheelchair Regular Size

Other Accommodations – LIMITED TRAVEL TIME 60 MINUTES

Summary of Recommended Special Education Program/Services (2020-2021)

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS (Individual, group, consultation)	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICES WILL BE PERFORMED	PROJECTED BEGINNING SERVICE DATE(S)
12-Month Program, Non-Public School	6:1:1	35 times per week	1 Period	Special Education Classroom	3/1/2021
RELATED SERVICES:					
Occupational Therapy	Individual	5 times per week	60 minutes	Push in/ Pull out based on activity	3/1/2021
Physical Therapy	Individual	5 times per week	60 minutes	Push in/ Pull-out based on activity	3/1/2021
Speech-Language Therapy	Individual	5 times per week	60 minutes	Push in/Pull out based	3/1/2021

				on activity	
Vision Education Services	Individual	3 times per week	60 minutes	Push in/ Pull-out based on activity	3/1/2021
Music Therapy	Individual	2 times per week	60 minutes	Push-in/Pull-out	3/1/2021
Parent Counseling and Training	Individual/ Group	1 time per month	60 minutes	Various dependin g on need	3/1/2021
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS: 1:1 paraprofessional 1:1 Nurse	Individual	Daily	Through out the day	All environm ents	3/1/2021
ASSISTIVE TECHNOLOGY SERVICES	Individual, Indirect	1 time per week	60 minutes	Across all environm ents	3/1/2021
ASSISTIVE TECHNOLOGY DEVICES AAC Device AAC Wheelchair Mount Switches; Big Mak and jellybean x2 Switch Mounts Computer Computer Switch Interface Software: Accent 1000c with Core Scanner, Tumble Books, Epic Books, Google Classroom, Gmail, Helpkidzlearn, Starfall, Tarheel Reader, Tarheel Gameplay Adaptive Seating: Travel chair, gait trainer, stander	Individual	Various	Through out the day	Across all environm ents	3/1/2021

Adaptive Seating: Alternative seating for classroom					
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT Two-person transfer training Training for vision adaptations and functioning Seizure safety training Training for feeding techniques as appropriate Training for assistive technology use throughout day	Individual, group	Annually and as needed	Various	School	3/1/2021

Is this student recommended for a 12-month school year? ☒ YES ☐ NO

If yes, are they recommended to receive the same services outlined for the regular school year above?

☒ YES ☐ NO

If no, list summer program recommendations below:

Providers:	Department:
David Janovsky, MS	Special Education
Colleen Ruddy, M. Ed., TVI	Vision Education
Alexa Rubilotta, M.S., CCC-SLP Monica Berman, M.S., CF-SLP Ashley Woller, M.A., CCC-SLP TSSLD	Speech Therapy
Shreya Korgaonkar, P.T., M.Sc.	Physical Therapy
Nicolette Sorensen MS, OTR/L	Occupational Therapy
Barbara Majer , CET, ATP	Conductive Education
Samantha Cotugno MS, CCC-SLP/AT	Assistive Technology
Alicia Drexel, MA, MT-BC, Neurologic Music Therapist	Music Therapy
John Cardenas, RN	School Nurse

Gwenn Levine, LCSW	Social Worker
Patrick Donohue	Parent/Guardian